93-05

File No. 93-06

Serial Nos. 1,3,5-10

87-18(3)

GENERAL AND REVENUE SECRETARIAT.

Scheme

To the Surgeon & Sanitary Commr, Comptr
Chief Engr, Rev. Comr; Dy Comrs. of Dhs & the
Presidency of Md. Dist Jts; Presidy. City Munic.,
Bangalore Mysore; & the Presidt. Sanry Bd,
Kolar Lr. No. 1378-92 dt 10-8-07 sanctioning
the Scheme for the Constitution of a Public
Health Deptt in the State.

To the Sanry-Comr. No. 8113 dt 26-12- Communicating certain remarks made by the Financial Secretary upon the Scheme & requesting the favour of his views as to why the Scheme should not be recommended.

From No. 20 3203 dt 28-12-08 submitting his views with reference to 8. 9

To Dy. Comptr. Presidy of Md & Dist Jts; Presidy & City Munic Committee, Bangalore & Mysore.			20	31/-	31/- 7/08

Chief Engr

directs that the amount entered in the budget of the Comrs proposal & shown therein

Plague Expenditure but this the Public Health Deptt but this approved by the Sanry

The only difference will be in the Dist

GENERAL AND REVENUE SECRETARIAT.

NOTES.

File No. 45-06

File Heading.

The Health scheme.

From

The Senior Surgeon and Sanitary Commissioner

No. 4239 Dated 28.9.06 Received 3 06

Diary No. 3140	Enclos.	Spare Copies	Serial No.

Brief Abstract of Letter.

Recommends that Sanitary Inspectors may be appointed, one each to the District Head Quarters and 2 or 3 other large towns and states that the scheme now proposed may be introduced into Kanara District in the first instance.

MGCPB—30,000—17-2-06.

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begun district by district. He recommends that the scheme now proposed may be given effect to in the Kurpore District in the 1st instance. The proposals are:- (1) that the Dy Inspector of vaccination may be sent to Madras for being trained as Sanitary Inspector, if he is qualified for such a course. (2) Appointment of Sanitary Inspectors in addition to the existing overseers and to retain the services of the overseers till they are provided for. (3) Appointment of a Sanitary officer, of the rank of Sub Assistant Surgeon, with an allowance of Rs 50/- per mensem and in case a Surgeon be the allottee an allowance of Rs 150/- + an additional allowance of Rs 50/- if he possess a diploma in Public Health, to assist the District Medical & Sanitary officer.

2. The Senior Surgeon also recommends an allowance of Rs 250/- per mensem, to the personal Assistant to the Sanitary Commissioner in lieu of Rs 100/- Sanctioned in Govt. proc. No 1832-3 dated 21.8.05 Sen 65-05

3. The Senior Surgeon considers that in case Sanitary officers, as proposed in the above are appointed, a Sanitary officer with a Dy Inspector of Vaccination may be able to attend to the Sanitation work of two districts, considering as the dist

tn. sheet

2

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are said to be comparatively small.

4. As regards the appointment of Sanitary Inspectors in addition to the existing overseers orders have been passed in Govt pro. No 3030-39, San 68-06 dated 23.10.06 that the matter should be circulated to Dy Comrs of Districts for their opinion.

Govt pro. No 3030-39 San 66-06 dated 23.10.06

5. The appointment of a Separate Sanitary Officer, of the rank of Sub Assistant Surgeon, for each District, has been ordered to stand over for the present.

6. In para 13 the Senior Surgeon proposes that all Sanitary projects should first be placed before the District Sanitary Boards consisting of the marginally noted members to be formed at each District HQrs in addition to the District Board of each District. The formation of a central Sanitary Board is also suggested. This suggestion is simply the re-iteration of the Senior Surgeon's original proposal contained in paras 13, 14 and 18 of his letter No 1966 dated 28th August 1903, in lieu of which Govt. in para 3, Clause (10) of their pro. No 9301-19 dated the 8th April 1905, directed that estimates for all Sanitary works, whether Urban or Rural costing Rs 500/- and below, should be scrutinized by the Executive Engineer and the District Medical and Sanitary Offi-

Govt. 67-03

sheet

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officer and those costing above Rs 500/- by the Chief Engineer and the Senior Surgeon Sanitary Commissioner.

7. It is not clear from the statement received from the Senior Surgeon (received with the letter under disposal) how the lumpsum provision of Rs 16620/- being the pay proposed for the Sanitary Inspectors was arrived at and the Senior Surgeon has not also stated how far the scheme already sanctioned in Govt. pro. No 9301-19 dated the 8th April 05, Sanit. 67-03 has been given effect to

8. Submitted for orders.

8/10.16 8/22 8 This is purely a question of funds. All the Municipalities in the Mysore District and the District Board may not be in a position to employ at once qualified Sanitary Inspectors in addition to the existing establishment and the present state of finances cannot admit of the creation of a new post such as that of a Sanitary Officer of the District with allowances ranging from 50 to Rs 250/.

9 The appointment of Assistant

GPB—50,000—23 10-05

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to the Sanitary Commissioner having been newly created merely for the sake of providing for the Health Officer of the Bangalore city, it is not likely that he has much to do in the Head Office. His occasional touring and submission of inspection notes of inspection are not also likely to be attended with any beneficial results unless he is held responsible for seeing that all the defects are remedied at least in places in which Sanitary Inspectors have already been appointed. For this purpose, it seems necessary that the Sanitary Inspectors and Deputy Inspectors of Vaccination should ~~also~~ as a temporary measure be placed under the immediate orders of the Assistant Sanitary Commissioner who should correspond direct with the Municipal or Sheristadar Officer nominated by the Deputy Commissioner as regards the defects noticed by him and see that they are corrected on the spot, cases in which the Assistant Sanitary Commissioner

NOTE—Contn. sheet

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and the Municipalities do not agree being at once referred by the former for the ~~final~~ orders of the Deputy Commissioner whose decision should be final.
If however, the Assistant Sanitary Commissioner cannot supervise the work of all the Municipalities & Talukas in which Sanitary Inspectors have been appointed, the Experiment may be tried in one or two Districts & the results communicated for orders.

B
25/10/06

12. The Sanitary Commissioner's suggestion that a beginning in the work of organising a regular Sanitary Staff may be made in the case of a District or two seems worthy of favourable consideration. The Mysore District may be taken up first, and provided with a qualified Officer of the rank of Sub Asstt Surgeon as District Sanitary Officer, with a complement of Sanitary Inspectors, one for each Taluk. If this were done

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possibly the services of a separate Plague (or Health?) Officer for Mysore City may not be necessary, & the D/S Inspectors of Vaccination may also be dispensed with (Viz. by transfer to another district), thereby effecting some saving.

11. Colonel Smyth complicates his proposal by recommendations in regard to allowances etc to his Personal Asstt & others, — a matter which might be reserved for separate consideration.

~~The chief thing~~

12. The main point is that a full-blown Sanitary scheme for the whole State is a work of time & will cost a great deal of money; & it may be introduced by parts. The question of a central Sanitary Board may also be reserved for the future, when 2 or 3 Districts may have been taken up. But there seems no objection to a District San^y Board being constituted ~~(a Committee)~~ for the Mysore D^t to advise Local

Cp- paras 13 & 15 of Colonel Bowie's memo of 22-5-06 & p. 3 of printed Agenda Note 67 of 1905

GPB—50,000—23-10-05

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and Municipal Boards in matters of sanitation & to pass all schemes of sanitary improvement up to a certain limit of cost - (Rs 5000) those above the limit being sent to the Chief Engineer & the Govt as at present

Letter Gr. dt 8/1/07

Sanitation, 42 BR

Rs 20,000 Upto Councillors

13/46 Please let me know where Sanitary & Asstt Sanitary Inspectors under the new scheme are now employed. Has the Mysore District got a full staff of qualified Sanitary Inspectors?

Br IV note

30/10/06

164 Draft submitted with a separate note in pronto note

5. 31/10/06. Issue draft.

8/11/06

3 To the Senior Surgeon and Sanitary Commissioner

No 3666 dated 7.11.06.

Requests him to submit a list of talluks and towns in which Sanitary and Assistant Sanitary Inspectors under the Health scheme are now

G.R.S. 12]
General and Revenue Secretariat.

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employed and to state whether the Mysore District has got a full staff of qualified Sanitary Inspectors.

5 68 69 From the Senior Surgeon & Sanitary Commr. No 463 dated 23.11.06 Forwards the list called for in the above and states that a full staff of Sanitary Inspectors for the Mysore District could not be entertained for want of fully qualified men

20 69 From the list received it is observed that 19 Sanitary and 3 Assistant Sanitary Inspectors are employed in all but the Mysore x Bangalore Districts, as shown below:—

(1) Bangalore city 2 Assistant Sanitary Inspectors
(2) Mysore city 4 Sanitary Inspectors
(3) Kolar District 6 Sanitary Inspectors
(4) Tumkur " 3 —— do ——
(5) Hassan " 1 —— do ——
(6) Shimoga " 1 —— do ——
(7) Kadur " 2 —— do ——
(8) Chitaldrug " 2 Sanitary & 1 Assistant Sanitary Inspectors.

23 Out of the 20 Stipendiary Students sent up last year for being trained as Sanitary Inspectors, 13 passed in all the Subjects and have been appointed. Of the remaining

NOTE—Contn. sheet

CPB—50,000—23-10-05

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General and Revenue Secretariat.

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10

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7 Students, 3 have passed in Sanitation and one of them has been appointed as Assistant Sanitary Inspector.

In the letter under disposal, the Senior Surgeon states, that a full staff of ~~Sanitary~~ Inspectors for the Mysore District could not be entertained for want of fully qualified men. But from the list received with Senior Surgeon's letter No 474 dated the 24th Nov/06, it is observed that 45 men applied for Sanitary Inspectors' appointment. The Senior Surgeon states that 7 of them have been entertained as Sanitary Inspectors on condition that they will undergo training in Sanitary Engineering at Mysore by turns & the addl Senior Surgeon further states that a list of the remaining men will be forwarded to the presidents, but it is not known that whether they will accept appointments when offered, as they have applied long ago.

27 Submitted for orders in MJ's letter reference to the 2nd Councillor's order dt 30th Octr 1906.

28.11.06
29.

3/12/06

Note—Contn. sheet

GPB—50,000—23-10-05

10

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22 The proposals made by Col Sh
for the organizing of a regu
Sanitary staff for the Mys
District, as a first step tow
the formation of a Sanitar
deptt for the whole State, i
deserving of favorable Cons
deration. Mysore District
is always liable to visitati
of plague, Cholera & small po
It is the most densely populat
of all the districts and it is
appropriate that a beginning
should be made with this
District. It will be a matter
some difficulty to find
the Sanitary Inspectors re.
quired for each Municipality
& Taluk Board.

23 As regards a District
Sanitary Officer, I cannot
think that a better selection
can be made than Mr Pulm
He can organize the deptt

Note.—Contn. sheet

GPB—50,000—23 10-05

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could work it for a year or two - and when more districts are brought under the operation of the new schemes he may be appointed by Sanitary Commr for the whole State. In the meantime he will have acquired valuable experience in working the Mysore Distt. His retention as personal Asstt to the Sanitary Commr is a sinecure for the present and may with advantage be abolished 24 The Deputy Commr should not be entirely dissociated from this scheme the Dt Sanitary Officer should be placed under his orders A District Sanitary Board may be constituted as recommended by Col Smyth

Note—Contn. sheet

GPB—50,000—23 10-05

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of the Dewan approves of the main lines of these recommendations I shall work out the detail, in Communication with the Senior Surgeon & Sanitary Commr & Dy Commr Mysore - and submit a formal proposal for approval -

W Nelly Cunningham
2d/Councillor

4/12/06

25

9157 5/12/06 Subsequently the Scheme following Scheme for the formation of a Health Dept was drawn by the Senior Surgeon & Sany Comr.

6 26/ From the Senior Surgeon & Sanitary Commissioner

No. 673 dated 2.2.07.

Submits proposals for the formation of a Health Department in the Mysore State.

2) In the above letter the Senior Surgeon proposes the following: —

I The Sanitary Commissioner should be Secretary to Govt. in the Sanitation Department

GPB—50,000—23 10-05

Serial No.

The formation of central & District Sanitary Boards. (particulars of which are given in the statement appended)

Appointment of Deputy Sanitary Commr. on a Salary of Rs (500-50-800) + 300, ~~abolishing~~ who will also be ~~the place of~~ the personal Assistant to the Sanitary Commissioner for the present.

To relieve the District Medical & Sanitary officers gradually of the actual Sanitary portion of their work by the appointment of (a) separate District Sanitary officers and

(b) 3 Divisional Sanitary officers, when qualified men become available.

He suggests that the present arrangement may continue till the ~~District~~ proposed officers are appointed & that the existing District Medical officers be allowed an extra allowance of Rs 50/- each for doing sanitary ~~and medical~~ work.

The appointment of a Laboratory Assistant on Rs 80 to 120 + 20, per month

28 He further proposes that the Dy Inspectors of vaccination be given training as Sanitary Inspectors and appointed temporarily as District Sanitary Assistants & Dy Inspectors of Vaccination and placed under the District Medical & Sanitary officers for the time being & subsequently under the Divisional Sanitary officers

Note—Contn sheet

GPE—30,000—18 1407

G.R.S. 12]
General and Revenue Secretariat.

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Serial No.

29 Senior Surgeon —
29 He suggests that in addition to the Divisional & District Sanitary officers, as proposed, each of the Municipalities of Bangalore & Mysore & the Sanitary Board Kolar Gold Fields should entertain their own Health Officers.

29 & 30 According to the existing rules the Sanitary Inspectors must possess a good knowledge of Kannada. The Senior Surgeon suggests that the rule may be relaxed to the extent that certified Sanitary Inspectors ~~not knowing Kannada~~ be appointed, they being required to pass an examination in Kannada in 6 months or a year.

30 31. The present Senior Surgeon is of opinion that the proposed provision be given effect to all over the State, but not tried in only one District, (Mysore District) as suggested by Col. Smyth, in his letter No. 239 dated the 28th Feby) or if it is to be of real use.

32 31 6. The minimum cost of the proposed establishment is Rs 6,960/- per annum, as detailed below: —

(1) Pay & allowances of Dy Sanitary Comm. (500+300) Rs 800/-
(2) Office establishment
clerical 33 0/-
menial 69/-

(The above is in addition to the clerical establishment sanctioned on the special committee's report for the office of the Senior Surgeon Sanitary Comm., the monthly charge therefor being Rs 507/- minimum & Rs 557/- maximum)

Note—Contn. sheet

G.P.B.—10,000—18-1-07

15 C.O. No. 1199

G.R.S 12]
General and Revenue Secretariat.

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Serial No.		
	B.7	Rs 1199/-
	3. Laboratory Department	116/-
	Executive	
	4. Divisional officers & Establishment.	1233/-
	5. District Sanitary officers — do —	1432/-
	6 Vaccine Department	1100/-
	Total cost per month	Rs 5080/-
	" per annum	Rs 60960*

rejecting Rs: 81480 per annum
*This item, viz, Rs 60,960/- does not include the pay & allowance of Sanitary Inspectors met out of Municipal, District & plague funds.

7.33/ The Senior Surgeon states that the net excess per annum is Rs 35,772/- taking into account the following:

1.	Pay & allowance of the personnel Asst. to the Sanitary Comm. Rs (300+100+30)	Rs 430/-
2.	pay of 2 peons Rs 7/- each	14/-
⊗ 3.	plague establishment in the Senior Surgeon's office (temporary)	Rs 130/-
4	Vaccination Department	Rs 1525/-
	Total per month	Rs 2099/-
	" per annum	Rs 25188/-

Note. Under recent orders, this should be done away with when the revision is given effect to.
BB

33 Orders have been issued in Govt. Res. No 6828-2 dated the 4th Feby 07, for the abolition of the plague branch of the Senior Surgeon's office and that an establishment of 2 clerks on Rs 25/- each and an Assistant clerk on Rs 20/- (temporary) per month

NOTE—Contn sheet

GPB—10,95—18-1-07

monthly for Sanitation work in the Office of the Senior Surgeon & Sanitary Commr has been Sanctioned.

9/2/07. C. H. L.

Please note below the population of the Bangalore & Mysore cities with that of the Civil & Military Station from 1898 upto 1905-06 with the No of births & deaths in each year - as also the cost of the Conservancy & Registration (Vital Statistics). 24/2/07

The Statement giving the required information is appended.

Submitted for orders.

3/3/07 34 Attention is invited to 6.3.07 the Secretary's note on pages 7 & 8 in which it is suggested that the scheme may be tried in the Mysore District as its introduction to the Whole Province is a work of time & will cost a great deal of money.

35 The propriety of appointing the Sanitary Commissioner as

Note—Contn sheet

	1898-99	1899-1900	1900-01	1901-02	1902-03	1903-04	1904-1905	1905-06
Bangalore city								
Population	80,285	80,285	69,447	69,447	69,447	69,447	69,447	69,447
Births	1480	2302	2119	1833	1651	1496	1549	1540
Deaths	8058	2759	5213	4563	4512	4691	4472	3888
Cost of conservancy	Rs 37,864	Rs 37,116	Rs 34,244	Rs 34,193	Rs 34,043	Rs 34,683	Rs 34,902	Rs 36,222
Cost of Registration	Rs 949	" 1467	" 11,903	" 12,782	" 8,199	" 7,348	" 7,868	" 6,318
Mysore city								
Population	74,048	74,048	68,111	68,111	68,111	68,111	68,111	68,111
Births	1624	2045	1418	1297	1621	1282	1227	1376
Deaths	5147	2601	7783	5391	6390	5226	3297	1708
Cost of Conservancy	Rs 27,628	Rs 28,160	Rs 29,904	Rs 30,892	Rs 31,362	Rs 30,852	Rs 31,096	Rs 33,113
Cost of Registration	" 70	252	" 749	" 9,202	" 9,377	" 7,237	" 6,618	" 5,576
Civil and Military station, Bangalore								
Population	100,081	100,081	100,081	100,081	89,599	89,599	89,599	89,599
Births	2192	3239	3193	2760	3117	3061	3221	3203
Deaths	7721	2587	5634	4537	6760	5098	4648	4636
Cost of General Conservancy and Sanitation	Rs 88,422	94,409	Rs 71,670	Rs 69,257	Rs 75,356	Rs 72,296	Rs 75,136	66,727

Serial No.

Dated 7th March 1907

Sec—Offg Secretary to Govt. in the Sanitary Deptt. begs to submit.

Submitted for orders.

PB.

9/3/07

36 The Sanitary Commr is appointed to advise Govt in Sanitary matters; & this is sufficient, without burdening him with the duties of a Secretary to Govt. The desirability of reducing the number of Secretariat is, I believe, recognised by Govt—

Redtape by

M. 13/3/07

37 Do 2nd (r)

38 My remarks are already on the file

39 Apart from the details, I am in favor of the formation of a Public Health Deptt for the State. We may begin in a modest way and extend operations as we go on. The entertainments

Note—Contn. sheet

Serial No.

of large & costly establishments does not necessarily connote improvement of sanitation. We have to carry the people with us

40. The Dy Sanitary Commissioner should be a man of great tact, able to get on with the local officers

41 The proposal to make the Sanitary Commissioner Secretary to Govt does not commend itself to me It is better that this Officer should not fritter his energies in Secretariat work

42 The allowances are provided on too liberal a scale

R. W. Cunningham
20. October
16/3/07
45 Circulated to the Govt
4 The proposals were talked over

Serial No.

Say with Col Drake Brockman (vide Devens pencil notes on the Lemesurier's letter) and I think that Col DS promised to revise some of his figures & write again -

Sd/ W.M.O.

45 Sd/- Forward for further reference from the Senr Surgeon -

W
21/3/07

46 Letter No. G. 829 dd 26th March 1907 from the Senior Surgeon & Sanitary Commissioner.

Submits a revised & detailed Health Scheme.

47 The revised scheme now sent up contains nothing more than a proposal to reduce the pay of the Deputy Sanitary Commissioner by Rs 50/- (ie) from Rs 500-50-800 to 500-50-750, increments to be given biennially, so also to Divisional Sany Officers. No revision has been proposed in the establishment & other charges. The Senr Surgn appears to be agreeable to start the Health Scheme from the Municipal Office. He states he is unable to suggest any retrenchments in the Medical Depts or transferring

Serial No.

funds to meet this extra expenditure, but he holds out a hope that there will be savings in the Plague expenditure, which, it is submitted, is of a fluctuating character.

48 If, as an experimental measure, the scheme should be begun in a modest way, by starting it in the Shimoga Dt., the Govt. for adopting such an elaborate proposal as the one proposed by the Sen.r Surgeon may perhaps call for further consideration.

~~Subd for orders. Dr is not clear~~

~~how many~~ 49 Subd for ~~orders~~

Rs 82
30-3-07

HB
30/3/07

50 The notes which I have taken of the Conference on 16-3-07 are to the following effect:

1) No separate Sanitary Commr, ex officio Sanitary Secy to Govt - Surgeon Genl.

2) Dy Sanitary Commr to be appointed on Rs 500 - 50/2 - 750. No allowances except travelling allce. He is to be in charge of Vaccine Institute.

3) Three divisional Sanitary officers on Rs 250 - 50/2 - 400 (no allowances) The officers to be ~~[illegible]~~ the non-

Serial No.

Municipality districts, Shimoga & Kolar Gold Fields.

4) Grant of Asst. Sanitary Officers to be under the divisional Sanitary officers - Pay Rs 100 - 5 - 200. (No allowances)

5) Three Health Officers for Bangalore, Mysore, and K.G. Fields. Same pay as divisional officers, viz Rs 250 - 10 - 400 -

6) Sanitary Vehicles, to remain as they are -

7) Number of Vaccinators to be fixed (?)

8) Proposals re: Central Sanitary Board, & District Sanitary Boards, as proposed -

Please note what the financial effect of the proposals as accepted above will be (A separate note may be put up) -

Submitted detailed and an abstract Statement are accordingly prepared and submitted. Four items not mentioned in Secy's note are also embodied therein

30/3/07

1/4/07

5/4/07

Read with 5/4/4

5/4/07

NOTE—Contn. sheet

G.R.S. 12]
General and Revenue Secretariat.

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Serial No.	
2nd No 1184 11-4-07	5th The scheme as set forth above is one which has been virtually accepted by Government. The Comptroller is requested to examine the financial aspects thereof, & to submit his remarks for the consideration of Govt. 8407 Mcclenaghan Asst Sec 4/6/07

COMPTROLLER'S OFFICE

23

P80

NOTE—Contn. sheet

G P B—10,000—18-1-07

Serial No. 4145

Note No 234. Dt- 13/15-4.07

52(1) The total cost of the scheme as calculated in the statement prepared in the Secretariat is as follows :-

Present annual cost	Proposed annual cost	
	Minimum Rs.	Maximum Rs.
Rs.25,188	52,788	76,188

If the pay of the three Health officers will be paid by the respective Municipalities or the District Board the cost to be borne by the Government will be :- Minimum Rs.43,788 Maximum Rs.61,788.

2. In the above calculation the cost of travelling allowances has not been included. Considering the number of officers proposed to be appointed, the area over which their jurisdiction will extend and the large amount of touring required of them, the annual expenditure on this account is not likely to be less than Rs.7000. The adoption of the scheme will therefore result in an immediate increase of permanent expenditure of about Rupees 26,000 and an eventual increase of about Rs.44,000 per annum, exclusive of Contingent, Tour and other expenses incidental to such Establishments and Offices.

3. In the present state of the finances it does not appear possible to add this large amount to the permanent expenditure of the State. Excluding the adventitious sources of revenue on the strength of which no permanent expenditure of a Public Service Department like the Sanitary can be undertaken the ordinary revenue of the State is not even sufficient to meet the ordinary expenditure and the causes that have contributed to the increase of expenditure disproportionate to the increase in

24

GPB—50,000-25-2-07

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in revenue are under investigation. The income from the principal heads of revenue is practically stationary and the abolition of the halat on supari will reduce from 1907-8 the existing ordinary revenue of the State by over Rs.3½ lakhs- While the permanent sources of revenue are inelastic and are wholly absorbed in meeting the present expenditure there is no margin left for additional expenditure, however useful. In undertaking more expenditure than the present revenues can bear there is the risk of hypothecating the increase of revenue in future years without knowing whether such increase may be really available.

4. Attention is invited to para 21 of G.O.No.Fl: 6050-G1:Fin: 280-04-55 dated 6-12-'07 directing that the growth of expenditure in the Medical and Sanitary Department be considered by the Retrenchment Committee Before the extent of the retrenchment it will be found possible to effect in this Department is ascertained, I beg respectfully to submit that it is not advisable to make a large permanent addition to the existing expenditure which is recognised to be already too heavy and more than present resources can bear.

15-4-07.

M.N. Venkatarama Aiyar
In charge of the
Comptroller's office

53
Submitted with the opinion of the Comptroller

B Ramaya
20/4/07

20.4.07

54. Circulate quickly

K.S. Chandrasekhara Aiyar
28.4.1907

25

GPB—50,000—23 10-05

C.1363.

31
26

GENERAL AND REVENUE SECRETARIAT.

Council matter.

Subject.

Formation of a Health Department ~~for~~ in the State.

Circulated to Councillors.

By Order,

Secretary.

30th April 1907.

4648
13.5.07

Seen by the Councillor

Ananda Row, Esq, B.A.
First Councillor.

4748
13.5.07

2t

K.P. Puttanna Chetty, Esq,
Second Councillor.

30/4/07

Serial No.

54 Circulate quickly 18/10/07

55

54 The Offg Comptroller makes out a strong case against the State incurring permanent obligations involving a large annual expenditure in the present state of our finances. With due deference to this opinion I hold that the organization of a Health Department for the State is a matter of vital importance and one which can no longer be delayed. The cities of Bangalore, Mysore and Kolar Gold Fields are now without a responsible Health Officer. The Malnad is getting decimated by the prevalence of small pox plague & other epidemics. A properly qualified Health Officer stationed at Shimoga

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will be able to attend to the sanitary requirements of the most unhealthy Districts in the State.
I would strongly urge that the modified proposals of the Senior Surgeon and Sanitary Commissioner be sanctioned at once if possible, or from 1st July 1907 -
57 It should be distinctly understood that no personal or local allowance will be sanctioned.

W. H. Cunningham
Councillor

30/4/07

58 I concur - I think not whether the salaries may not be pitched somewhat lower & absent with, especially as they are the prospective - At any rate the intervals of time at which increments may be granted should be raised, and increments should be earned by approved service & not merely by effluxion of time.

28

1/5/07

GI 6—10,000—18-4-07

G.R.S. 12]

General and Revenue Secretariat.

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59

Note—Contn. sheet

GPB—50,000—23-10-05

Submitted to His Highness.

6. In August 1903, the Senior Surgeon and Sanitary Commissioner submitted certain proposals framed by Col. Benson for the inauguration of a Health Scheme for the State, and Government in their Order No.9301-19/M1.67-03, dated 8th April 1905, while regretting their inability under existing conditions to accord their sanction to the scheme in its entirety, and after consulting Col. Smyth the then Senior Surgeon and Sanitary Commissioner, sanctioned, as a useful instalment of sanitary improvement, a modified scheme for the training and employment of certified Sanitary Inspectors for improving the sanitation of municipal towns and rural parts in the State. The scheme proposed by Col. Benson and that sanctioned by Government are clearly explained in the Dewan's note dated 17th March 1905 (printed at pages 8 to 10 of "A" Collection for April in File No.67 of 1903-04).

7/ Under this new scheme there are now 19 Sanitary Inspectors and 3 Assistant Sanitary Inspectors employed in the several parts of the State including

30

the Bangalore and Mysore City Municipalities.

62 In September 1906, Col. Smyth represented that the scheme sanctioned by Government could not be carried out in its entirety all over the State as the services of the officials required therefor could not at once be procured, and suggested that a beginning in the way of organizing a regular Sanitary staff might be made in the case of a selected District or two, the Mysore District being taken up first. His proposals involved (1) the appointment of a qualified officer of the rank of Sub Assistant or Assistant Surgeon as District Sanitary Officer with a full complement of Sanitary Inspectors one for each Taluk, and (2) the training of the existing Deputy Inspectors of Vaccination as Sanitary Inspectors. He also strongly recommended the inauguration of Central and District Sanitary Boards as suggested by Col. Benson in his original scheme. Col. Smyth considered that if Sanitary officers of the rank suggested by him were appointed, a Sanitary Officer with a Deputy Inspector of Vaccination might be able to attend to the work of two Districts instead of one.

31

63 While this scheme was under the consideration of Government, Col. Smyth went on leave, and

34 32

Major Drake Brockman who succeeded him considered that both Col. Benson's original scheme and the one submitted by Col. Smyth required modifications in certain important respects to suit our present needs. His proposals are as follows:-

(1) The Sanitary Profession should be represented directly in the Government by the appointment of the Sanitary Commissioner or any other expert in Sanitary Science as Secretary to Government in the Sanitary Department.

(2) The entertainment of a full time Sanitary Commissioner as it is practically impossible for the Senior Surgeon with his multifarious duties to perform the work of Sanitary Commissioner as well. But as however both Col. Benson and Col. Smyth did not suggest the entertainment of a full time Sanitary Commissioner, Major Brockman would not press the point, but would for the present urge the appointment of a specified officer as Deputy to the present Sanitary Commissioner. This officer will also be Personal Assistant to the Sanitary Commissioner [redacted] having a salary of Rs.500 rising to Rs.800 with an allowance of Rs.300.

32

(3) The separation of the Sanitary (Preventive) Department proper from the Medical (Curative) Department in keeping with the progress of modern times. For this purpose the State should be divided into 3 Sanitary Divisions each being placed under a Divisional Sanitary Officer with a salary of Rs.250 rising to Rs.400 and an allowance of Rs.150, and until these officers are secured the present District Medical and Sanitary Officers may continue to perform the duties of the Sanitary Department with an allowance of Rs.50.

(4) The reform should not be confined to one District alone but should be introduced all over the State. To attain this object and to secure the necessary number of Sanitary Inspectors, the rule regarding the qualifications of Sanitary Inspectors may be relaxed slightly, so that men with the necessary sanitary training who agree to pass an examination in Canarese in 6 months or a year may be admitted. To facilitate the supervision of these Inspectors, the present Deputy Inspectors of Vaccination may be given a training as Sanitary Inspectors and afterwards appointed temporarily as District Sanitary Assistants and Deputy Inspectors of Vaccination with an allowance of Rs.30 each and placed under the District Medical

and Sanitary Officers for the time being and subsequently under the Divisional Sanitary Officers, their places being ultimately filled up by qualified District Sanitary Officers with a pay of Rs.100 rising to Rs.200 and an allowance of Rs.50.

(5) In addition to the Divisional and District Sanitary Officers each of the Municipalities of Bangalore and Mysore and the Sanitary Board, Kolar Gold Fields, will have to maintain their own Health Officers.

(6) When the Department is organized there will have to be a Public Health Institute attached to it with a Laboratory Assistant on Rs.80 rising to Rs. 120 plus Rs.20, and 2 menials.

(7) The Central and District Sanitary Boards should be formed as suggested by Col. Benson and Col. Smyth with certain modifications in the personnel, namely, (a) In the Central Sanitary Board, the Revenue Commissioner should find a place instead of the Secretary to Government, General and Revenue Departments, and the Deputy Sanitary Commissioner and the Sanitary Engineer may also be its members.

34

(b) In the District Sanitary Boards the Divisional Sanitary Officers and District Sanitary Officers

37/35

should be members in addition to the District Medical Officers.

(8) The revision of the establishment of the Vaccine Department proposed in the original scheme should be sanctioned, as without it, it is not possible to work the system efficiently.

Major Brockman states that the working of the Department will be the same as was proposed in the original scheme by Col. Benson with the exception that the District Sanitary Officer when appointed, will not be subordinate to the District Medical Officer but will be directly under the orders of the Divisional Sanitary Officer. The Sanitary Inspectors will be direct subordinates of the District Sanitary Officers but the local Revenue authorities, i.e., Municipal and Local Fund Presidents and Vice Presidents, may give them instructions in ordinary routine work. In cases of urgency in connection with the epidemics or other causes, the Sanitary Inspector shall abide by the orders of the local Revenue authorities subject to approval of the same by the District Sanitary Officer.

64 A summary of the proposed scheme and that recommended by Col. Benson is given in paper flagged P.

35

[redacted] this scheme was discussed in Council with Major Brockman at a conference held on 16th March 1907, and in accordance with the views expressed on that occasion, the Senior Surgeon has revised the scheme slightly modifying his original proposals as regards the pay and allowances of the Deputy Sanitary Commissioner and Divisional Health Officers. It was also observed at the Conference that the Senior Surgeon should suggest retrenchments in the Medical Department to cover the cost of the new scheme, but Major Drake Brockman states that he is unable to suggest any retrenchments in the Medical Department, or transference of funds in order to meet the extra expenditure, but that on the introduction of the scheme he anticipates certain savings in the Plague allotments and [redacted] appreciable return to Government in the Vaccine Institute.

65 The proposals as discussed at the Conference and as finally revised by Major Brockman are -

1) No separate Sanitary Commissioner or ex-officio Secretary to Government in the Sanitary Department is necessary.

36

2) Deputy Sanitary Commissioner to be appointed on Rs.500-$\frac{50}{2}$-750. No allowances except usual travelling

allowance. He is to be in charge of Vaccine Institute also.

3) Three Divisional Sanitary Officers on Rs. 250-$\frac{50}{2}$-400 (no allowances except usual Travelling allowance). One such officer to be immediately appointed to the Western Division which includes the most unhealthy portions of the State, such as Shimoga &c.

4) Eight District Sanitary Officers to be under the Divisional Sanitary Officers. Pay Rs.100-$\frac{25}{2}$-200 (no allowances except travelling allowance).

5) Health Officers for Bangalore, Mysore and Kolar Gold Fields, on the same pay as Divisional Sanitary Officers, namely, Rs.250-$\frac{50}{2}$-400.

6) Sanitary Inspectors to remain as they are.

7) Number of Vaccinators to be reduced.

8) Proposals re Central Sanitary Board and District Sanitary Board to be approved.

6b The Financial effect of these proposals as shown in the detailed and abstract statements marked A and B, involves a total annual minimum and maximum cost of Rs.52,788 and Rs.76,188 respectively as against Rs.25,188 the present cost, resulting in an increase of Rs.27,600 rising to Rs.51,000. If the

60
38

pay of the 3 Health Officers be paid by the respective Municipalities or the District Board, the cost to be borne by Government will be

Minimum - Rs.43,788
Maximum - " 61,788.

The Comptroller states that the adoption of the scheme will result in an immediate increase of permanent expenditure of about Rs.26,000 and an eventual increase of about Rs.44,000 per annum exclusive of contingent, tour and other expenses. He is of opinion that in the present state of the finances and in the absence of information as regards the extent of the possible retrenchments in the Medical and Sanitary Department, the growth of expenditure of which has been ordered by Government in their Proceedings No.Fl.6050/Gl.Fin.280-04-55, dated 6th February 1907 to be considered by the Retrenchment Committee, it is not advisable to make a large permanent addition to the existing expenditure which is recognized to be already too heavy and more than present resources can bear.

67 The Second Councillor observes that the 38
cities of Bangalore and Mysore and Kolar Gold Fields are now without responsible Health officers and that

as the Malnad is getting decimated by the prevalence of small pox, plague and other epidemics, a properly qualified Health Officer stationed at Shimoga will be able to attend to the Sanitary requirements of the most unhealthy Districts in the State. He is of opinion that the organization of a Health Department is a matter of vital importance and one which can no longer be delayed and he strongly urges that the modified proposals of the Senior Surgeon and Sanitary Commissioner (Major Drake Brockman) be sanctioned at once, if possible, or from 1st July 1907, it being distinctly understood that no personal or local allowances will be sanctioned.

68 The First Councillor concurs with the Second Councillor in his views, but enquires at the same time whether the salaries may not be pitched somewhat lower to start with especially as they are progressive and suggests that the increments should be earned by approved service and not merely by efflux of time.

69 I generally approve of the proposals made by the Senior Surgeon. As regards the salaries proposed I think they are fairly moderate and I do not think that we shall be able to get the right sort of

men on lower pay. The periodical increments will of course depend upon approved service.

70 As regards provision of funds there is no doubt much force in what the Comptroller says. If the scheme is generally approved by His Highness, I shall consider the question of funds when the budget is taken up. I would strongly recommend the scheme as a whole being sanctioned

18/5/30.

Mahmud

41

Record of Cases submitted for the Orders of His Highness the Maharaja.

Subject.

1954-47
892

Formation of a Health Department in the State.

Order.

899

7/ The scheme appears to be sound and practical and I gladly sanction it.

898
10/6/07

72 I trust that funds will permit of a substantial beginning being made without delay.

KRM
8/6/07

41

73 Draft dtd 8/6/07

G.R.S. 12]
General and Revenue Secretariat.

Sar File No. 93 of 1906

39/42

Serial No.

74 Draft dated 4

13.6.07 14.6.07

75 I shall be glad if Mr Ramaiya will kindly go over the draft again & revise it so that it may be quite clear & self contained. I have made certain pencil corrections indicating the lines of the revision

CBB
19/6.

76 Revised draft submitted. There is nothing definite about the duties & powers of the Central & Dist Boards. This question will have to be decided in consultation with the Several Govts concerned. Please see the pencil note in the draft.

HB
21/6/07

42

GPB—50,000—23-10-05

Serial No.

17. Draft order re Public Health Scheme as submitted [illegible] 2nd Conf. for approval.

CSR 2/7/07

18. The Draft may be approved.

Ulla 3/7/07

Serial No.

83

8 To The [illegible] Surgeon & Surg Con[illegible]; the Rev. Com[illegible]; Dy Coms of Stts & Presds of Stts & Md. Sts; Presds., City Municls., Bangalore & Mysore & the Medl., Sany. Bds, Berhr No 1378-92 & 10-8-05).

Sanctions the Scheme for the Constitution of a Public Health Dept in the State

GPB—50,000 25-2-07

45

G.R.S.]

1907. 8

GENERAL AND REVENUE SECRETARIAT

(Gl. Sec)

NOTES.

San 93-06

File No. 61-07

FILE HEADING.

Scheme for the constitution of a dept: of Public Health in Mysore.

From

Sec: IV

No.	Dated	Received

Diary No.	Enclos.	Spare Copies	Serial No.

BRIEF ABSTRACT OF LETTER.

In Confirmation of G.O: No 1378-92/ San:93-06-8 dtd 10-8-07, Sanctioning the Scheme at a total cost of Rs. 55,740 (minimum) or of Rs. 79,620 (maximum)

NOTES AND ORDERS.

~~Draft Submitted~~

K.S 27.8.07

VV

84 G.O No 1378-92 dt 10-8-07 Sanctioning the Constitution of a Dept of Public Health ~~has~~ been Sent for confirmation in the

Notes—First sheet.

45

GPB—30,000—3-4-07

Serial No.

Jail Dept is Subt. to Jail Secy
H. H. Hon. Sumbha
Sanctd
27-8-7

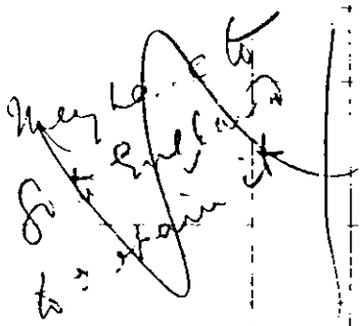
85 The order was issued after 10th August last, & it has only now come down for confirmation - Consequently I have not been given an opportunity of discussing the suitability of the rates of pay proposed.

86 2. The pay of the Dy Sanitary Commr has been fixed at Rs 500 - 50 - 750. This is much more liberal than the pay given to Civil Surgeons (which are 400, 500, & 600) & the pay of a Dy Commr of the 3d class (Rs 700 - Rs 800). In this service it is not merely sufficient to compare proposed rates of pay with those in force in British India, but also necessary to maintain the necessary proportion b/w the pay of the highest service -

87 3. In the case of divisional Sanitary Officers, the increments of Rs 50/- will be earned biennially but Asst Commrs in the Mysore Civil Service get only triennial increments of Rs 50/- & also the position of a divisional Superintendent when the stage of Rs 400/- is reached will be much better than that of an Asst Commr

46

Serial No.



The mere possession of a diploma in public health should not give them this advantage over both Asst Surgeons & Asst Surgeons in the Province.

§84. I think it is absolutely necessary to grade these officers with Asst Surgeons with a special allowance of Rs 50/- after Health qualification. In British India Rs 300/- is practically the maximum for an Asst Surgeon & he gets it towards the close of his service as Senior Asst Surgeon. A Divisional officer will get the same amount here in 6 years. Will these officers be quite content with their pay of Rs 400/- after rest of their service? Or it will be necessary to concede them with increase of pay from time to time?

In all these respects the best plan would be to introduce fixed rate of pay as in the case of Asst Surgeons. A better (stick) to have only one list for both classes of officers, a number sufficient for Health Dept being recruited with the necessary health qualification.

§85 Similar remarks apply to the Dist Sanitary Officers. They should

47

Serial No.

attain to Rs 200/- after 8 years service it cannot be expected, that they will be content with that for the rest of their lives. As mostly young men are the recruits there will not be any chance of promotion to the class of Divisional Supts, unless there should be casualties in that class. And then there is no reason why their promotion in the early part of service should be so much better than that of Sub-Asst Surgeons.

I would therefore suggest their grading with Sub Asst Surgeons, with a suitable special allowance. It will perhaps be better to encourage the Sub. Asst Surgeons to get a teacher's diploma.

6 I do not see what will happen to the Dy Inspr of Vaccn after suitable qualifies Men have been recruited for posts of Dy Sanl officers as laid down in the order. They are now being trained for Sanitary work, but if it is intended to keep them strictly into the new appointments it will be a great hardship on the members of the Sub. Asst Surgeons Service, who have not been given a

Note—Contn. sheet

Serial No.

chance of training = I am possibly trenching on the ground reserved for the administrative depts, but I take the point as unless these men are carried away by means the epidemics they will be called upon to fight, I cannot see what the Senior Surgeon has kept in view in this matter.

9/ The total cost has been calculated without reference to heads above Contingencies & what is most inevitable the list of sanitary works. There is no rough estimate even of the total amount which will be available from present sources, & what proportion the estab charges bear to the total amount thus available. I am somewhat startled to find a reference to "Annual Grants & loans to local bodies from Provincial funds" in the "Genealogical table" given in Senior Surgeon's letter of 26/27th March 1907. I have not been shewn any discussion on this subject, & I do not that my silence on this point at the present moment when the order has come here for "confirmation" may not be misinterpreted, I therefore

Serial No.

inform the Dewan & Council that the State has absolutely no chance of meeting any large expenditure on sanitary schemes, until the general situation is considerably improved by the improvement of revenue or the reduction of expenditure in other directions. X

92 It is logical in this connection to enquire whether a larger share of the expenditure cannot be put on D^t Boards & Municipalities. This can only be done by the Local Fund Branch of the Secretariat. Dr Dalpat seems to be under the impression that even the whole of the pay of the 3 Health Officers will not be recovered from Municipalities &c as proposed in the G.O. This is erroneous. X

93 As I have suggested in the scheme for the Provincial Vety deptt, it will be an equitable way of distributing the exp^re if the Supervising & Inspecting staff are paid by Govt., & the purely local staff by D^t Boards & Municipalities. The Public Works grant from Local Fund General (this year Rs 70.000) may necessary, be wholly diverted

G. R. S. 12]
General and Revenue Secretariat.

Sar File No. 93 of 1906 57/

Serial No.

the execution of sanitary works of importance, the cost of smaller works being found by the Boards as by voluntary subscription

94 The details of this plan, if the broad features are accepted, may be worked out later on after a fuller discussion than has been given the opportunity for, & if approved a reservation to this effect might be made in the G.O.

95 The grant of R 20.000/- for the introduction of the scheme was made possible only by the promised reduction of R 48000/- in the Plague budget - Dr Balfour with whom I discussed the point is very uncertain about the whole of this sum being available. If this should be so, the budget will be converted into a deficit one, & I would emphasize the necessity of securing the promised reduction before carrying out the scheme.

6.9.07

96

6223/6/9/07 Dewan

97 Dewan's note

17/13-9-07

Please circulate to Councillors

51

98 Circulated 99 Returned 17/9/07 B.O. 8-9-07

NOTE—Contn. sheet

GPB—50,000—25-4-07

G.R.S. 15]

Facing sheet for Cases included in the schedule appended to Notification No. 36 of the 8th. Aug. 1902.

GENERAL AND REVENUE SECRETARIAT.

Subject— Confirmation in the Financial Department of the Government Order sanctioning a scheme for the constitution of a Department of Public Health in Mysore.

	Date	Initial of Officer himself or responsible Deputy.
Received in the Secretariat	-	
Submitted to Secretary	-	
Submitted by Secretary to Dewan or Councillor in charge	-	
Returned to Secretary	-	
Circulated by Secretary for Council ...	13.9.07	
Forwarded by 2d Councillor	14.9.07	
Forwarded by 1st Councillor	17.9.07	
Received in Secretariat	17 9 07	
Considered in Council	21.11.07.	
Submitted to the Dewan	26.11.07	
Submitted to His Highness	10/6/08	
Orders passed by His Highness		
Final Orders issued		
Circulated to Councillors		
Passed on by the Councillor		
Returned to Secretary by Councillor...		

GPB—1,000—26-2-07.

C. 115.
13-9-07.

52

GENERAL AND REVENUE SECRETARIAT.

Council Matter.

SUB

Confirmation in the Financial Department of the Government Order sanctioning a scheme for the constitution of a Department of Public Health in Mysore.

CIRCULATED TO COUNCILLORS.

By Order,

C S Balasundaramayya
Offg. ~~Secretary.~~

13th September....1907

T. Ananda Row, Esq., B.A.,
First Councillor.

Seen
17 Sept 07

K. P. Puttanna Chetty, Esq.,
Second Councillor.

K.P.P.
14.9.07.

T.A.R.
17 Sep. 07

17/9/07

52

7053
26/11/07

Extract from the Proceedings of the 185 *Meeting of the Council of His Highness the Maharaja, held at* Mysore *on the* 21st November 1907 *190* 53

Subject. -

Confirmation in the Financial Department of the Government Order sanctioning a scheme for the constitution of a Department of Public Health in Mysore

O P I N I O N.

/0/ The Council is of opinion that the Order may be confirmed in the Financial Department.

Sd. V.P.Madhava Rao,
Dewan of Mysore.

"Extract"

C S Balasundaram
Offg. Secretary to Government.

53

Submitted to His Highness.

102 The Government Order sanctioning the scheme for the constitution of a Department of Public Health in the State having been sent to the Financial Department for confirmation in that Department, the Financial Secretary has raised certain objections to the scheme, chiefly in regard to the rates of pay allowed.

103 The scheme having already received the sanction of His Highness and orders having been issued, it is now too late to consider these objections, which should have been made when the Comptroller was consulted un-officially in April 1907. The Council are therefore of opinion that the order may be confirmed in the Financial Department. This may be approved.

29/11/1907

Record of Cases submitted for the Orders of His Highness the Maharaja.

Subject.

Confirmation in the Financial Department of the order constituting a Department of Public Health in the State.

8.A.P.7
1401

426.

Order.

104

I have expressed my views on the file relating to the constitution of a vetorinary Department.

KRW
6/12/07

8/12/1907

Case for perusal
CSB
9/12

109 Seen hpm
10/12/07

109 Communicate copy of Fleet's remarks (except para 6) to Surgn. & call for his opn. when the G.O. should not be reconsidered in the light of the observations made by the latter.
CSB
24/12

109 Seen hpm
10/12/07

Record of Cases submitted for the Orders of His Highness the Maharaja.

Subject.

00/29-11-07. Confirmation in the Financial Department of the order organizing the Civil Veterirary Department in the State.

Order.

425 /05 It appears that neither the Veterinary Department scheme nor the Sanitary Department scheme received proper scrutiny in the Finance Department when sent there unofficially. In the former case the officer officiating for the Comptroller objected to the whole scheme on general grounds and did not examine the details. In the latter case the Comptroller merely considered it from the point of view of the budget then under consideration. I admit the inconvenience of reconsidering the schemes at this stage. But if it can be proved that the scale of salaries as passed is unnecessarily extravagant, I doubt if we are justified in declining to consider the Comptroller's representations, especially at a time when the Retrenchment Committee is still at work. I think it is desirable that the Comptroller's

remarks on both cases should be considered on their merits both by Government and the Heads of the Departments concerned. I do not think that the organization of the Departments has gone so far that it is too late to retrace our steps if we are convinced that it is right to do so. The case of officers already employed will of course require special treatment. If Council adhere to the opinion already expressed I shall be prepared to give full weight to it. But in any case I desire that the Comptroller's remarks may be discussed on their merits.

Id/- K.R.W.

6-12-07

Id/- V.P.M.

8-12-1907.

True copy.

CSB

9/5/08

G. R. S. 12]
General and Revenue
Secretariat.

San File No. 93 of 1906

Serial No.		
		110 Seen 16/2/07
9	111	D.O To the Senior Surgeon & Sanitary Commr No 6113, dated the 26th Decr 07. Communicates to the Sanitary Commr of certain remarks made by the Financial Secretary upon the scheme for the formation of the public Health Department and requests him to favour with his views as to why the scheme should not be reconsidered and suitably modified in the light of the observations made by the Financial Secretary.
10	112	From the Sanitary Commissioner. No 3203 dated 28. 2. 08 Submits his views on the note from the Financial Secretary regarding the question of pay of the officers of the Department of public Health. 113 The Sanitary Commissioner states that it is absurd to make the pay of Assistant Commr the standard of the public Health Department which is a special technical department and that the rates of pay now fixed for the officers of the Health Department are exceedingly moderate

NOTE—Contn. sheet

GPB—50,000—25-2-07

G. R. S. 12]
General and Revenue
Secretariat.

Serial No.

moderate considering their qualification in Sanitary science.

114 As regards the question of introducing fixed rates of pay to the officers of the Health Dept, and blending the two services into one as in the case of Medical officers, the Sanitary Commissioner states that a more liberal scale of pay than in the Medical Department proper is necessary to the officers of the Health Department considering their professional qualifications and the arduous and risky nature of their duties.

115 The Sanitary Commr is of opinion that the rate of pay now sanctioned to the District Medical ~~and~~ Sanitary officers in the Health scheme ~~viz~~ viz. Rs(100-$\frac{25}{2}$-200) is too low to attract the right sort of men and proposes to raise the scale from(Rs 100-$\frac{25}{2}$-200) to Rs(200-$\frac{50}{2}$-350) He suggests that the extra cost involved may be met by abolishing the appointments of Divisional Sanitary officers, who are not necessary when better class of District Sanitary officers are appointed. At present there is one Divisional officer, on Krishna Dist at Shimoga.

As regards the pay of the Dy Sanitary Comr The Sanitary Comr states that since the appointment of personal Assistant to the Sanitary Comr and the Dy Sanitary Comrs have been That of this combined into one, the question will be that the pay of is inadequate for the heavy work

58

GPB—50,000—25-2-07

Serial No.

work and the responsibilities involved.

With reference to the question of funds for meeting expenditure on sanitary schemes, the Sanitary Commr. proposes that the provision for sanitary works made in the D. P. W. Municipal and the L. F. Budgets should be separated to form part of the budget of the Health Dept. 116 In para 7 of Govt. Pro. No 1378-92 dated the 10th August 1907, it is stated that the present Dy Inspectors of Vaccination will be given a training in Sanitation and then they will be appointed temporarily as District Sanitary Assistants & Dy Inspectors of Vaccination and they will be in charge of the duties of District Sanitary Officers. The Financial Secretary is of opinion that such appointment will be a great hardship to the Sub Assistant Surgeons, who have not been given a chance of training. The Sanitary Commr has not expressed his opinion on this point.

117 Submitted for orders as to whether this may be sent to Branch II for confirming the Health scheme Pw 9.3.08 or whether the Chief Engineer may be asked to state if the annual grant of Rs 70,000 made to the D.P.W. from the Local Funds General, could

GPB—50,000—25-2-07

Serial No.

be allotted to the Health Deptt for the execution of Sanitary works of importance as proposed by the Financial Secretary (in para. 9 of his note supra). The District & Municipal Boards will of course take up Sanitary works in consultation with the District or Central Sanitary Board.

Bam.
11/3/08

118 The Sanr comm^r has I think made out a strong case in favour of the recently sanctioned scale of Salaries to Sanr Officers. As observed by him the pay of 250-50-400 Rs for Divisional Sanr Officers & Health Officers who will generally be men with who have gone to England & taken Public Health Degrees there is not unreasonably high even compared with the pay of Asst Comm^rs. The latter have prospects of higher appts while ~~the highest appt~~ carrying salaries rising from 700 to 1400 Rs while the only higher appts open to the Sanr Officers will be that of Dy Sanr Comm^r with a pay of 500 to 750/-

60

Serial No.

119 The pay of Dt Sanr Officers 100-200 Rs is also I think fair, as these Officers are generally likely to be men with Indian qualifications & the pay compares favourably with that in the general medical service. It will be quite open to Subassist Surgeons to pass the LS Sc degree Exam & qualify for these posts!

120 The ~~Sr Sgn~~ Sanr Comm' makes a proposal now to abolish the posts of Divisional Sanr Officers & to employ Dt Sanr Officers on higher pay of 200 - $\frac{150}{2}$ - 350 instead of 100 - 200. The cost will work out to be the same, but I am not sure that ~~Officers~~ men with European qualifications will be readily available on these appointments. ~~As for~~ For men with Indian qualifications the pay of 100 - 200 with prospects of rising to Dnl Sanr Officers would I think be sufficiently attractive.

121 With regard to the budget of the Public Health Dept, besides the salaries &c of the Estt, the amounts

GIPB—50,000—17-3-07

Serial No.

I agree
14/1/08
12/5/08

Spent on plague expenditure may be shown as expenditure in the Public Health Dept and the San. Comm. given control over it, and so may any other sums sanctioned by Govt from time to time for expenditure by the Sanitary or Public Health Dept. Provision is now made in the Public Works dept. for certain sanitary works carried out by that dept and the San. Comm. suggests that this should be shown in the budget of the Public Health Dept. The amount thus spent on works and the cost of the San. Engr and his Estt may be shown in the San. Dept, deducted from the total amount and shown under P.W.D as the money is spent & work carried out by that dept. ~~I cannot~~ This would be simply a matter of accounts and would not give the San. Comm. any administrative control over the San. Engineer or the work. I am not sure if a similar arrangement can be adopted in the case of expenditure incurred by Local Funds Municipalities & the Rev Dept. on works of a sanitary character such as digging wells.

62

Note—Contn sheet.

GPB—50 000—17-3-07

Serial No.

Constructing drains, clearing weeds rubbish, extending villages and towns The works would be too many small in themselves and it may cause unnecessary complications in accounts to show all these both under the P. H. dept and under the Local Bd, municipal & budgets. This is also a matter of accounts mainly. So far as the Public Health Dept is concerned it is not directly ~~concerned~~ in charge of the execution of these works. It is only an advising dept & the Dt Sanr Officer & Dt Sanr Bd advise the local fund Rev authorities in framing projects & estimates for these works. Similarly the Sanr Commr Central Sanr Bd advise Govt local bodies in regard to works of greater importance. Neither of these bodies has any executive Admnve functions such as sanctioning estimates or carrying out works. ~~Does not appoint~~ Except in regard to purely professional measures in times of epidemics &c; the functions of the Sanr dept & its Officers are not executive, but purely advisory. This should

NOTE—Continued sheet.

GPB—50,000—17-3-07

Serial No.

I think, be clearly laid down, as there is ~~no~~ reason to believe that much misconception exists on the subject.

122 As regards the account aspect of the case the Compte may be cancelled &c. Submitted to 2nd Cr for instructions. GBS 9/5/08

123 I would not complicate matters by including all Sanitary works of the Public Works Deptt and of Municipal & Local Funds, in the Public Health Deptt Budget. No useful purpose is served. On the other hand it will inflate the Public Health Budget & give it an exaggerated importance. Let the duties of the Health Deptt be advisory - and let it not develop departmentalism. Already there is friction between this Deptt & the Municipal & L F Deptts

64

GPB—50,000—17-3-07

Serial No.

The pay of the Officers of the Realty Debt has been fixed on a very liberal scale and may be allowed to remain unaltered. Though I do not agree with all that the Sanitary Commr. says on the subject

HH 1/
12/5/08

124 I concur - The measure already adopted will I trust be found to be good enough for the next few years - There will be nothing to prevent alteration as experience is found in actually working it -

HH 14 May 08

125 Submit to Dewan

ESB
21/5/08

126 Dewan's order

Maybe brought up before Council

65

Bo. Ku
30/5/08

GPB—50,000—23-10-05

I must admit that the prospects of the officers of the department will come to a standstill when once the maximum pay of the appointment is attained. This is so even in the Medical and certain other departments. The Public Health Service as proposed and sanctioned by Government now is, like the Medical, a graded service as under :—

	Rs.
District Sanitary Officer	100 to 200
Divisional Sanitary Officer and Health Officer ...	250 to 400
Deputy Sanitary Commissioner	500 to 750

The increments are proposed every two years whereas in the Educational Department where the work is less onerous and risky, the increases are given annually. The officers of one grade can get into the other only on vacancy as in the Medical Department; but in the Sanitary Department the appointments are really so few, that ordinarily speaking there will be less promotions available, and less often! The pay offered for the District Sanitary Officer is too low to attract the right sort of men, and unless the men with necessary Medical qualification are selected, and given the special training required at State cost, it will probably be impossible to secure the number of men required at the pay now offered, even if we wait a year or two. Even in this case, men who would take the trouble to acquire a D. P. H. in England would not care to accept or stick on in the appointment on Rs. 100 to 200. It would therefore be advisable to raise the minimum pay of the District Sanitary Officers from Rs. 100 to 200 and the maximum to Rs. 350 which is reached by biennial increments of Rs. 50. The extra cost involved may be met by abolishing the appointments of Divisional Sanitary Officers who would not be required, when better class of District Sanitary Officers are employed. This could therefore be done without extra cost, and the arrangement may mean a small saving in travelling allowance and establishment charges. But where District Sanitary Officers of the right sort are not employed, Divisional Sanitary Officers ought to continue.

As regards the pay of the Deputy Sanitary Commissioner, it should be remembered that the Deputy here has more work and responsibility than elsewhere, as the Sanitary Commissioner is *ex-officio*. Besides, I would invite your attention to the fact that, in the original Health Scheme made out by Cols. King and Benson, it was proposed to appoint a Personal Assistant to the Sanitary Commissioner, who was required to assist him in office work and be in charge of the Public Health Laboratory as well. It was understood that the late Mr. Choksi should after qualifying in Public Health, be the Deputy Sanitary Commissioner, and Mr. Palpu, Personal Assistant to the Sanitary Commissioner, with an allowance of Rs. 300 and 200 respectively, in addition to their grade pay, the former for being *ex-officio* Inspector of Vaccination and the latter for being in charge of the Public Health Laboratory. The duties of the two appointments are now combined in one, though the allowance recommended has not been sanctioned. Not only so, even the allowances the Deputy was formerly drawing as Personal Assistant to the Sanitary Commissioner have been stopped, though he is actually doing the duties as before in addition to those of the Deputy. The justification for this may perhaps be supposed to lie in the fact that as Assistant Surgeon Mr. Palpu was only drawing a small pay; but I have in my letter No. G. 1069, dated 19th June 1907, while recommending his appointment as Deputy said that but for a mistake made about his grade his present pay should have been Rs. 500 or over as a matter of course, and that in a local and executive appointment and this is a statement in which three of my predecessors in office have agreed. Not only have the two appointments been combined into one, but additional duties are also being added on in connection with the Health Museum, the Sanitary training classes, etc. The question becomes, therefore, not whether the pay of the appointment is high but whether it is adequate enough for the heavy work and the responsibilities involved.

Lastly, in regard to the funds for meeting expenditure on sanitary schemes, the provision for sanitary works hitherto being made in the Public Works Department, the Local Fund and Municipal Budgets should be separated to form part of the Budget of the Public Health Department, and to be supplemented by such grants from Provincial Funds as the Government may be able to allot every year. The establishment, travelling and other charges of the new department are contemplated to be met out of Provincial grants in lieu of special allotments hitherto being made for plague prevention, as the new department is to take the place of temporary plague and other establishments employed from time to time on Disease Prevention. When full time District Officers of the new department are entertained their travelling allowance may, to a large extent, be met out of the provision now existing in the Medical Budget to meet such charges incurred by the District Medical and Sanitary Officers in connection with journeys undertaken on purely sanitary duties. If the available funds under these heads be found insufficient, Government ought to be able to allot funds for the efficient working of a department that directly concerns itself with the well-being of the people.

regard to the high qualifications required in the officers to be selected and the difficult nature of the work to be done by them, it is of the opinion that the scale of pay should be fixed at rates sufficient to attract competent men. The rates of salaries already adopted secure this end and may therefore remain unaltered for the present, subject to revision in the light of future experience.

128 As regards the budget of the Public Health Department, besides the salaries etc., of the establishment, the amounts spent on plague expenditure may be shown as expenditure in that Department. It is unnecessary to show thereunder expenditure on sanitary works incurred in the Public Works, and Municipal and Local Fund Departments as suggested by the Sanitary Commissioner, more especially as the Health Department is purely an advisory body and not an executive one.

129 With these remarks the Council would recommend that the order of 10th August 1907 may be confirmed.

Sd. V.P.Madhava Rao,
Dewan of Mysore. 67

"Extract"

Secretary to Government.

Submitted to His Highness.

/30 The Government order of the 10th August 1907 sanctioning the scheme for the constitution of a Sanitary Department in the State having been sent to the Financial Department for confirmation, the then Financial Secretary Mr. Majumdar, raised certain objections to the scheme, chiefly in regard to the rates of pay allowed. In His Highness' order dated the 6th December 1907, His Highness was pleased to direct that Mr. Majumdar's remarks might be considered on their merits both by Government and the Head of the Sanitary Department.

/31 The remarks of the late Financial Secretary were accordingly communicated to the Sanitary Commissioner for his opinion. The Sanitary Commissioner's views are contained in his letter No.3203 dated the 28th February 1908.

/32 The matter having been further considered in the Council, the Council is of opinion that the rates of salaries already adopted may remain unaltered for the present, subject to revision in the light of future experience. The Council also considers that the amount spent on plague expenditure may be included in the Budget of the Public Health Department, but that it is unnecessary to show thereunder the expenditure on sanitary works incurred in the Public Works Municipal and Local Fund Departments as suggested by the Sanitary Commissioner.

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/33 The Council therefore recommends that the order of 10th August 1907 may be confirmed.

9 Nov 1908

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Record of Cases submitted for the Orders of His Highness the Maharaja.

Subject.

Confirmation in the Financial Department of the Government Order sanctioning a scheme for the constitution of a Department of Public Health in Mysore.

68

Order.

134 Approved

KRW

13/6/08

928
14.6.08

135

13/6/08

15/6/08

14/6/08 GII 70

135 Some addenda

by 15/6/08

Please put up draft

16/6

71 682 98 6 108
62 6 24
95 L 97

Office of Senior Surgeon and Sanitary Commissioner

Mysore Government.

No. G. 239, Dated, Bangalore, 28 9 06
Enc. 1.10.

D 3140

FROM

LT.-COL. JOHN SMYTH, M.D., I.M.S.,
Senior Surgeon and Sanitary Commissioner
with the Government of H. H. the Maharaja of Mysore,
BANGALORE.

To

K.S.Chandrasekara Iyer Esqr., B.A.,B.L.,
Secretary to Govt. of His Highness the Maharaja
of Mysore General and Revenue Deptts.
B A N G A L O R E.

SIR,

With reference to Government Order No 9301-19 dated 8 11 1903 M1.67-03 sanctioning a definite scale of Sanitary Inspectors for the service of the Province, I have the honor to point out that even if we had every Sanitary Inspector therein sanctioned Mysore would still have a far from perfect Sanitary service. Without adequate supervision these officials will gradually degenerate into mere costly incumbrances. Every one knows that the Municipal, District and Taluk authorities have neither the time nor the training for the purpose of effective supervision. In fact these Sanitary Inspectors formed only a part of a definite Sanitary Scheme and can only be effective if the scheme as a whole is adopted at least in spirit.

2. Now I recognise at once that the entire scheme cannot be at once carried out for the very good reason that the necessary officials cannot be at once procured. To carry out the original scheme in full and at once, some 150

Sanitary

Sanitary Inspectors, and about 8 Health Officers would be required. But if it is impracticable to place the whole scheme at once "on the Boards", it is by no means so to begin doing so by degrees - district by district.

3. My recommendation therefore is that for the present, Sanitary Inspectors be supplied only to Headquarters of Districts and two or three other of the large towns where they will be under the eye of the District Surgeons, with the exception of one selected District which should have its full complement as soon as possible with a Sanitary officer in charge who would be directly under the Sanitary Commissioner and have no Medical work to do in the District save the charge of headquarters when the District Surgeon would be out inspecting Dispensaries. But he would be in no way subordinate to the District Surgeon. Except in the depth of the rainy season this officer might be required to spend 20 days out of every month on tour.

His duties would be

i to see that the Sanitary Inspectors did their duty receiving from them weekly reports of work done, commenting on it and directing it.

ii He would carefully scrutinise vital statistical operations reporting defects to the proper authorities.

iii He would check the work of Vaccinators, arranging their tours, and helping them by all means in his power ~~source~~ to persuade the people to conform to vaccination.

iv He would submit monthly reports to the Sanitary Commissioner on a form that would be supplied to him by this office.

v Arrange for the Sanitation of fairs and festivals and control the operation of any staff appointed to deal with Epidemic Diseases.

vi Such other sanitary duties as might ~~be~~ from time to time be allotted to him by Sanitary Comr.

4. Of course the official now known as the Deputy Inspectors of Vaccination would under this arrangement disappear. They could be sent one by one to Madras to be trained as Sanitary Inspectors

in

in any case where they are otherwise qualified, or, he otherwise disposed of.

5. I would begin these operations in the district of Mysore. The Deputy Inspector of Vaccination there might be retained for a fortnight or so and then sent to some other District such as Kadur or Kolar sharing the District with the existing Deputy Inspector - or he could be sent to Madras at once and trained as Sanitary Inspector if he is qualified for such a course.

6. As to the difficulty in the way of supplying the District with Sanitary ~~Officers~~ Inspectors - I mean the condition laid down in the Government order that Sanitary Inspectors cannot be engaged in any place where Overseers already exist till these are provided for otherwise- it can be met either by cancelling this portion of order or so modifying it that Sanitary Inspectors may be at once engaged even when there are Overseers, but with a clear condition that when the Overseer can be provided for or otherwise got rid of, the Sanitary Inspector shall assume the Overseer's duties as part of those he shall be called upon to perform.

7. The District Sanitary Officers should be on the regular strength of the Medical establishment. ~~He~~ They should draw an allowance of Rs. 50/- as a Sub-Asst. Surgeon, of Rs. 150/- as an Asst. Surgeon, and of Rs. 250/- as a Civil Surgeon provided that if ~~he~~ they possess a recognized Diploma in Public Health, They shall draw an allowance of Rs. 50/- extra.

The Personal Asst. to Sanitary Commr. would ordinarily be recruited from the District Sanitary staff and should get Rs. 50/- more as allowance than an officer of the same rank performing the duties of District Sanitary officer-and, like the District Officers, he should get

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an extra allowance of Rs. 50/- if he possess a recognized Diploma in Public Health.

8. If my recommendation is adopted Mysore will ultimately have a definite well organised and highly qualified sanitary organization composed of:-

The Sanitary Commissioner.
Personal Assistant to Sanitary Commissioner.
District Sanitary Officers including Kolar Gold Fields area.
Sanitary Inspectors of various grades.
Vaccinators properly graded,

and a Superintendent of the Vaccine Institute who, so far as the Institute was concerned would be under the Sanitary Commissioner.

9. To sum up then I propose that an attempt be made at once to inaugurate the sanitary service for Mysore, begining with one District- say Mysore-

If the salary of the present Personal Assistant to the Sanitary Commissioner is placed on the footing I advocate, which in my opinion is none too generous he would draw the pay of an Asst. Surgeon plus the allowance of Rs. 150/- as a Sanitary Officer of the grade of Asst. Surgeon, plus the extra allowance for being personal Assistant, plus Rs. 50/- further, possessing as he does a recognised Diploma in Public Health- in all Rs. 250/- as allowance.

If a young Sub-Asst. Surgeon is appointed to the selected District he would draw his grade pay and Rs. 50/- allowance plus Rs. 50/- if he possess a recognised sanitary diploma.

10. I only fear my proposals regarding pay and allowance err on the side of stinginess . What must be attempted is to offer emoluments that will attract good specially qualified men and keep them in the Mysore service. It may

be said that qualified men cannot be had. But I am sure if the sanitary service is made sufficiently attractive quite a number of clever young men will go up for the sanitary diploma, and in time a sufficient number will be available. But we cannot wait for specially qualified men .The young Graduates in Medicine have all passed through a sound College training in Hygiene and Bacteriology, as well as, of course in Chemistry and Pathology. What they are weak in is law as it relates to public health. This they can readily work up, and if necessary be obliged to pass an examination on it say after 18 months' service in the Sanitary Department. So there need be no hesitation in entertaing them as Health Officers.

11. The material is therefore all ready for a commencement in the formation of an ideal Health Department and I trust His Highness' Government will see their way to making a begining at a very early date-and though Mysore will thus possibly not be the pioneer in the matter of instituting an organised health Department-she will be so in organising a Health Department truly deserving of such a title-and considerably a-head of anything similar that exists in India.

12. I have recommended that a sanitary officer be appointed to each district and if this is done the Deputy Inspector of Vaccination would no longer be required; but it seems to me that as our districts are comparatively small it may be found that a Health Officer with a Deputy Inspector of Vaccination to help him might be able to do two Districts. This would of course mean a substantial saving. If this were found possible the Province could be divided into 4 Sanitary Circles, each with Health Officer and a Deputy Inspector of Vaccination. But this will be a matter for future consideration: personnel for only one district is now available and will be so for a considerable time to

come

come.

13. I have one further proposal to make and that is regarding Sanitary Boards which are very important collateral aids to public health work though they cannot come under the control of the Sanitary Commissioner. These are referred to in the original scheme which may be consulted for details. They cost nothing, and so may at once be inaugurated. They should be a great assistance to Government, the central sanitary Board to the central Government the District Sanitary Board to the Government of the District.

It is a matter of common observation that money is now literally thrown away in so called Sanitary work- but work which serves no sanitary purpose. Now if all so called sanitary proposals were first placed before the Sanitary Board, a selection of the real from the fictitious sanitary enterprises could be made, and Government would thus feel confident that the money they were allotting for sanitary purposes would be spent for good purpose. The benefits to be derived from the sanitary board are indeed so obvious that their advocacy is entirely unnecessary and I trust Government will see their way to the inauguration of such Boards at an early date.

14. As to the extra expenditure which the initiation of the movement would entail it may be given as follows- taking Mysore District as the one to be first named.

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Personnel	Present	Proposed	Increase	Remarks.
Personal Asst. to Sanitary Commr.	Plus Rs 100/-	Plus Rs 250/-	Rs 150/-	
Health officer & ex-officio Asst. Surgeon		Rs 80 + 50 (Plus Rs 50, if he possesses a Diploma in Public Health.	Rs 130 (Plus Rs 50 if specially qualified.	
Deputy Inspector of Vaccination	Rs 50/- *			* To be dispensed with as soon as he can be promoted for.
Sanitary Inspector	Rs 5124 *	~~16620~~ 16620		* Includes existing Sanitary Inspector, with Inspectors & overseers. The work Inspectors & overseers now Cost Rs 4989/- & these are to be got rid of as fast as possible, so the net increase would be under this head Rs 16620 - Rs 4989 = Rs 11,631.
Vaccinator			No increase	
15	5274	17000 + 50		

I have the honor to be,

Sir,

Your most obedient servant,

M.D.,
Lt.Col.I.M.S.
Senior Surgeon and Sanitary Commr.

G.R.S. 26]

8

File No. 93 dc

Serial No 3

Diary No. of letter replied to 3140

No. 36668 7.11.06

General and Rev. Secretariat
(Sanitary)
, the 190 .

To

The Senior Surgeon &
Sanitary Commissioner

Date of issue 7-11-06

Signed by

Has letter No 239 dated the 28th Sept/06, recommending that qualified Sanitary Inspectors may be appointed only to the District Municipalities and stating that the Sanitary scheme now proposed may be introduced into Mysore District in the first instance:

Has the honor to request the Senior Surgeon to be so good as to state in what places in the Districts the Sanitary and Asst Sanitary Inspectors under the Health scheme are now employed

over. and

Submit a list of Taluks & Towns in which

SUBJECT.

9) to state
and whether the Jaypore District
has got a full staff of qualified
Sanitary Inspectors.

By order

AB
4/11/06

Forwarded
Sd 31/10/06

List of enclosures.

Examined by AB 6/11

MGCPB—20,000-19-12—04.

7.M.93-06

D 4761 10

Office of Senior Surgeon and Sany Commr M.G

Letter No. 463

Encl

Dated Bangalore 25 November 06

From

Dr. P.S. Achyuta Rao

Offg: Senior Surgeon & Sany: Commissioner

with the Government of His Highness the

Maharaja of Mysore, Bangalore.

To

K.S. Chandrasekara Iyer Esq. B.A, B.L,

Secretary to the Government of His Highness

the Maharaja of Mysore Genl: & Rev: Depts

Bangalore.

Sir,

With reference to your docket No.3666/San F.No.93-06-3 dated 7th November 06, I have the honor to forward the accompanying list of taluks and towns in which the Sanitary & Assistant Sanitary Inspectors under the Health scheme are now employed and to state that a full staff of Sanitary Inspectors for the Mysore District could not be entertained for want of fully qualified men.

I have the honor to be

Sir

Your most Obedient servant

P.S. Achyuta Rao

Offg: Senior Surgeon & Sany: Commr

List Showing the Names of Taluqs & Towns in which the Sanitary & Asstt: Sanitary Inspectors under the Health Scheme are now employed

No:	Names of Taluqs & Towns	No: of Sanitary Inspectors employed	No: of Asstt: Sanitary Inspectors employed	Remarks.
	Bangalore			
	Bangalore City	"	2	
	Kolar District			
	Kolar Town	1		
	Kolar Gold Fields	2		
	Bowringpet Town	1		
	Chickballapur Town	1		
	Chintamani Taluk	1		
	Tumkur District			
	Maddagiri Taluk	1		
	Pavagada Taluk	1		
	Sira Taluk	1		
	Mysore District			
	Mysore City	4		
	Hassan District			
	Arsekere Taluk	1		
	Shemoga District			
	Shemoga Town	1		
	Kadur District			
	Kadur Municipality	1	"	
	Tarikere —do—	1	"	
	Chitaldroog District			
	Chellakere Taluk	1		
	Devengere Town	1		
	Harihar Sub Taluk	"		
	Total	19	3	

80

Office of Sr: Surgeon & Sanyl: Commr: Dr. G. Bangalore 23rd Novembr 86

T. J. Aitchison

Offg. Senior Surgeon & Sanyl: Mg

P 6743
12

Office of Senior Surgeon and Sanitary Commissioner
Mysore Government,

Letter No. L. 673
Enc. 42

Dated, Bangalore, 2-2- 1907.

FROM Major H.E. Drake Brockman,
LT.-COL. JOHN SMYTH, M.D., I.M.S.,
Senior Surgeon and Sanitary Commissioner
with the Government of H. H. the Maharaja of Mysore,
BANGALORE.

To

K.S. Chandrasekhara Iyer Esqr., B.A.,B.L.,
Secretary to the Government of His Highness
the Maharaja of Mysore, General and Rev.
Departments, Bangalore.

L S 5

SIR,

Looking over the heavy toll that disease and death have levied in this state during the past few years, and some of the more important sanitary reports by Col. Benson, Lt.Col.Smyth and the Personal Asst: to the Sanitary Commr., one cannot but feel convinced of the very urgent necessity that exists for the formation of an efficient Public Health Deptt: for this State. The feeling is, if possible, enhanced by the fact that there exists at present no really definite or uniform policy as regards Sanitary Administration, and that money is at apresent literally thrown away in so-called sanitary measures which serve no really sanitary purpose, while in the matter of prevention of epidemics, there is no prompt, efficient and uniform action taken, owing, not only to the employment of unqualified and ex-officio officials, but also to the want of ~ clear definition of each one's duties and responsibilities. The necessity for a separate Public Health Organization became clearly felt soon after the introduction of Plague

into

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into the State in 1898, and Col. Benson in a letter to the then Plague Commr. advocated the formation of a Health Department, and probably with that officer's concurrence, subsequently formulated a scheme in consultation with Col. King, Sanitary Commissioner to the Govt. of Madras. The cost of that scheme was certainly moderate, the ultimate additional charge proposed under Provincial Funds being only Rs. 44,042/- a year. Nevertheless, the Government that have been spending large sums every year on "so called" sanitary projects and expensive plague measures, revised that scheme without reference to the Senior Surgeon with a view to economy, and in that revised scheme which received their approval, the additional charge under Provincial Funds was practically nil. This result was secured by mutilating the proposed organization so much as to remove a major portion of its body and leave only disjointed and scattered limbs!

It is a matter of very great surprise to me, mingled with regret, that in this model Native State (which spends proportionately more than others similarly situated, on its Public Services, and rightly so in order to maintain them in a high state of efficiency) the formation of a Sanitary Department even on a modest scale should not have met with approval. It is moreover anomalous that a State possessing an Education Department costing 8 lakhs, a Police Dept costing 10 lakhs, a Military service, 13½ lakhs, a Muzaroi Department costing 3½ lakhs and Jails costing 1½ lakhs, should provide, in accordance with the revised sanitary scheme, a budget provision for sanitation and vaccination of only Rs. 33,400/- which is less than the provision for the Archeological Department, Public Gardens and even the Amrut Mahal cattle. The comparison is most unfavorable as regards the Jail Department, one in which the expenditure yearly allotted is entirely incurred on behalf of the least deserving portion of the population!

I need hardly take this opportunity of impressing upon the Government the vital importance of a well organized and efficient sanitary department and its very intimate association with the welfare of the community at large, as that is a factor so thoroughly now-a-days understood and appreciated by every civilized administartion throughout the world, as not to need any further comment from me, but, in the face of painful experiances in connection with the outbreak of plague in India in recent years which found us as a country totally unprepared to cope with its ravages, I would earnestly urge early and serious reconsideration of this subject.

With reference to the revised scheme sanctioned by Govt., I fully concur with Lt.Col. Smyth's opinion expressed in his letter No. G.239 dated 28/1-9/10-1905 that "if we had every Sanitary Inspector therein sanctioned, Mysore would still have a far from perfect sanitary service, and that without adequate supervision, these officials would gradually degenerate into mere costly encumbrances." Lt. Col. Smyth's modified scheme proposed in the letter referred to above is now under consideration of Govt.

I have carefully studied both the original scheme and the one submitted by Col. Smyth, and am of opinion that while containing suggestions of great value, both should be modified in certain important respects, to suite our present needs. In the first place, whatever may be the nature of the scheme which is proposed, a point of the most vital imporatnce for the efficient sanitary administration of a country is that the Sanitary Profession should be represented directly in the Govt. of the land, this is more especially so, when the Department is newly started, and the Officers that usually constitute Government have not had opportunity of studying the great strides which sanitary science has made in recent years in all civilized countries

and

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and as a direct result, the immense practical benefits that efficient Sanitary organizations have afforded to mankind in countries where they have been provided.

Neither of the above schemes however, contains the proposal that the Sanitary Commissioner or any other expert in Sanitary Science should be Secretary to Government in the Sanitation Department. In this State, it does not appear to me that there be need be any difficulty in sanctioning such a proposal, for in other Departments such as the D.P.W. Geological, Military and even Muzrai such direct representation is in vogue.

In the next place, neither of the schemes referred to suggest the entertainment of a full-time Sanitary Commr. When the Senior Surgeon to Government was made exofficio Sanitary Commissioner in 1887, the duties pertaining to the latter office consisted mainly of scrutiny and compilation of birth and death returns, supervision of vaccination, and control of cholera epidemics. Since 1887, there has been a very considerable increase in the nature and scope of the duties generally regarded as legitimately pertaining to the office of Sanitary Commissioner. The control of plague operations for which there were special officers formerly, has also since been made part of the Sanitary Commissioner's duties, a condition of affairs without analogy in other large Provinces in India , and all these extra duties, by the way, consolidated into one appointment without any consideration in the way of extra remuneration to him as is done in similar circumstances elsewhere e.g. Hyderabad. The duties of the Senior Surgeon in the Medical Deptt. alone moreover have nearly trebled during recent years as comparision will readily prove, on reference to the figues noted below:-

No. of Hospls & Dispensaries in the State.	No. of Medl. Officers & subordinates in the State service.	No. of sick treated
51	98	3,19,201
137	237	12,30,591

The

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The work in institutions such as the Medical Stores, Lunatic and Leper Asylums which are under the direct charge of the Senior Surgeon has also increased proportionately since 1887, and the additional duty of Inspector-General of Prisons has also, in recent years, been added on to his multifarious duties without remuneration, a fact also without analogy in any other province in India! Occasionally the work of Durbar Physician also falls on him when as at present, there is no incumbent of that post. It would thus be clear that it is, at present, practically impossible for the Senior Surgeon to perform the work of Sanitary Commr. as well, without a properly organized Sanitary Department, with an efficient staff. This point appears to have been omitted in both the schemes owing to the cost involved in securing the services of a competant officer to act as Sanitary Commr. to Govt. But that the point was not forgotten altogether when drawing up the schemes is clear from the fact that other arrangements are proposed to remedy this defect. In the King-Benson scheme the appointment of a full-time Deputy Sanitary Commr. and a Personal Assistant to the Sanitary Commr are proposed. In Col. Smyth's scheme the a Personal Asst. is provided for in the General Sanitation Department while in his letter No. G 313 dated 16 05 in connection with the re-organization of the Vaccination Department, provision is made for a Deputy Sanitary Commr. as well. As neither of the above mentioned officers have suggested the entertainment of a full-time Sanitary Commissioner, I do not press the point, but I would urge the appointment of an efficient officer as a Deputy to the present Sanitary Commr. to act in exactly the same capacity as Deputy Sanitary Commrs do, at the present time, in all other provinces in India. If a suitably qualified and competent hand be secured for this appointment, I think the duties of the Deputy and the Personal Asst. defined in

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the original scheme could be combined with advantage, at least for the present, and when the Department is fully organized later on, if the work is found to be too heavy for one man, the separation of the functions may be considered. The Deputy will thus be also Secretary to the Central Sanitary Board. He shall also assist the Sanitary Commr. in his work as Secretary to Government in the Sanitation Department, and shall for that purpose be termed Under or Assistant Secretary, Sanitation Department, as in the Public Works, Geological and Military Departments. The status of the Officer should be analagous to that of the Deputy to the Chief Engineer and the minimum pay for the combined appointment should not be less than Rs. 500/-. The maximum might be fixed rising in stated instalments to Rs. 800/-. In the original scheme an allowance of Rs. 300/- and Rs. 200/- respectively are provided for the Deputy Sanitary Commissioner and Personal Assistant, but for the combined duties and the additional work now proposed I have provided only an allowance of Rs. 300/- i.e the same as what has been passed by Col. Smyth in his letter No. G. 313 dated the 16th. October 1905 for charge of the Vaccination Department.

A further defect in the schemes already proposed is that neither of them contemplates the formation of a State Health Department distinct by itself and apart from the Medical Department proper. Preventive Medicine is now a recognized special branch of study in itself and as such can usually absorb a man's whole energy & time and it would not be in keeping with the progress of modern times to have the two Departments, Preventive and Curative i.e Sanitary and Medical mixed up together permanently. It is a well established fact that a District Medical and Sanitary Officer, whatever may be his general qualification and willingness to work, has practically no time to devote to the study of and attention to Preventive Medicine, in addition to his legitimate duties which should be connected with the treatment of the sick more or

or less absolutely. I would therefore propose that the District Medical and Sany:Officers be ultimately and gradually relieved of the actual sanitary portion of their work by Medical Graduates of approved merit who have undergone special training in Sanitary Science, as soon as these are available. In order to effect better sanitary control over it, I would propose that the State be divided into 3 Sanitary Divisions each being placed under a Divisional Sanitary officer. If sufficiently attractive pay be offered, I feel sure that really good men can at once be had to fill these appointments, or failing that, suitable men may be selected from the Medical Department and given the necessary sanitary training in Madras or England which could be completed within a year. A salary commencing at Rs. 250/- and rising to Rs. 400/- with an allowance of Rs. 150/- will, I think, attract the right sort of men. These appointments could be filled up as men become available, in the meanwhile the present District Medical & Sany:Officers may continue to perform the duties of the sanitary department as hitherto and supervise as far as possible the work of the qualified Sanitary Inspectors wherever such have been entertained, and for this additional work they may be given an allowance of Rs. 50/- temporarily.

I cannot agree to the proposal of confining the reformati to one district to start with, for more efficient sanitary effort is urgently called for all over the State and, to be of any real use to the community at large - must be a general and combined effort. The rule regarding the qualifications of Sanitary Inspectors may be relaxed slightly so that men with the necessary sanitary training who agree to pass an examination in Canarese in 6 months or a year, may be admitted. These may be posted throughout the State where ver there may be the greatest demand for them. To facilitate the supervision of these Sanitary Inspectors, the present Deputy Inspectors

of

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of Vaccination may be given a training as Sanitary Inspectors in Madras as proposed by both Col. Benson and Lt. Col. Smyth, and afterwards be appointed temporarily as District Sanitary Assistants and Deputy Inspectors of Vaccination, and placed under the District Medical and Sanj: Officers for the time being, and subsequently under the Divisional Sanitary Officers. The pay of these officers might be the same as was proposed in the original scheme with an allowance of Rs. 30/- for the additional sanitary work imposed. But when by transfer or retirement , their places become vacant they should be filled up by MedicalOfficers of the present Sub-Asst.Surgeons grade who have undergone special sanitary training in Madras. These will then be the District Sanitary Officers, and should have control over all Sanitary and Vaccine operations in the District under the direct orders of the Divisional Sanitary Inspector. Their pay may be fixed at from Rs. 100/- to Rs. 200/- plus an allowance of Rs. 50/-

Thus ultimately, the department would consist of only men who have undergone a special training in Sanitary Science. This is what exists in England and what is being aimed at and brought about in British India, at the present time. When smaller Native States like Travancore, have already set an example in this direction and maintain a separate Sanitary Department distinct from the Medical (Vide Enclosed papers obtained by Col. Smyth from the Sanitary Commr Travancore) such cannot, and should not, be impossible in Mysore. In addition to the Divisional and District Sanitary Officer each of the Municipalities of Bangalore and Mysore as hereinfore, the Sanitary Board Kolar Gold Fields ~~as heretofore~~ will have to entertain and maintain their own Health Officers. As the pay of these ——————————— officers will be debited to Municipal and Sanitary Board funds it is not shown here.

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The Sanitary Service thus formed ultimately, would be a distinct graded service like the Medical, and would consist of:-

(1) 1 Sanitary Commr. Ex-officio (Secretary to Govt. Santy: Deptt).

(2) 1 Deputy Sanitary Commr. and Inspector of Vaccination (Under or Asst. Secretary Sanitation Department) Rs. 500-50-800 plus 300

(3) 3 Divisional Sanitary Officers- 250-25-400 ~~plus 150/-~~ retained

(4) 3 Municipal Health Officers

(5) 8 District Sanitary Officers 100-25/2-200 plus 50

(6) Sanitary Inspectors as already sanctioned in Govt. order No. 9301-19 M.L. /67-03 dated 8th April 1905.

(7) 33 (to 48) Vaccinators ranging from 20 to 40 plus 10/- and necessary clerical establishment (vide Proposition statement)

The salary above shown may appear at first sight a bit too liberal when compared with what is being paid in the Medical Deptt proper, but it must be remembered that Sanitary service is everywhere better paid than the Medical Department on account of the very great risks SanitaryOfficers are subjected to in their every day work in connection with dangerous epidemics, and the loss of all income from private practice. There are at present no less than 4 instances of families of Medical Officers and subordinates claiming some kind of compensation on account of death of those officers while discharging plague or other sanitary duties. The amounts proposed are,I think, the least that would attract the right sort of men and offer them sufficien inducement to remain on in the Sanitary service, a very important consideration in order to maintain continuity in administration of the department.

The greater bulk of the present plague expenditure would possibly be ~~maintained~~ curtailed by the inauguration of a Sanitary Department on thoroughly efficient lines, effecting ~~the~~ a considerable saving to the State under that head. It will also be noted that the officials of the Vaccination Deptt. will ultimately be assimilated into the Sanitary Department

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Department as a branch (As in British India) and that though put down here, will not necessitate any extra expenditure, but, for purposes of Administration, form an integral branch of the Sanitary Department of the State.

When the Department is organized there will have to be a Public Health Institute attached to it. In my letter no G 671 Q 31.1.07 I referred to this separately. A laboratory-assistant on Rs. 80 rising to Rs. 120 plus Rs. 20/- and 2 menials are provided for the purpose in this Scheme.

Sanitary Boards. - One of the suggestions in which I fully concur with my predecessors is the formation of Central and District Sanitary Boards. These I consider absolutely necessary for reasons already given by Col. Smyth in the last but one para of his letter No. G. 239 dated the 28th. September 1905. The Board as recommended is only consultative and advisory, and cannot therefore hamper the Executive. Such Boards exist in all civilized countries, and in British India they have been working satisfactorily for some years. I would recommend the following modifications in the personnel of the proposed Board. In the Central Sanitary Board, in place of the Secretary to Government, General and Revenue Departments who probably cannot find the required time and is, besides, a part of Government, I would propose the Revenue Commissioner. I would also suggest the appointment of the Deputy Sanitary Commissioner and the Sanitary Engineer to Government as members of the Board in addition to the Sanitary Commissioner and the Chief Engineer, for it would be these officers that would be more conversant with details and local requirements in connection with any proposal that may come before the Board. They should be allowed to vote as without that privilege it is not likely that they would take the same interest in the deliberations of the Board. The Deputy Sanitary Commissioner should be Secretary to the Central Sanitary Board

Board

Board as stated above.

In the District Sanitary Boards, the Divisional Sanitary Officers and District Sanitary Officers when appointed should be members in addition to the District Medical Officers. The District Medical Officer will be the Secretary as proposed in the original scheme till the Divisional Sany Officer is appointed and relieves him of such work. The non-official members proposed should have power to vote as otherwise they are not likely to take interest in the proceedings of their respective Boards.

The working of the Department will be the same as was proposed in the original i.e King-Benson Scheme with the exception that the District Sanitary Officer when appointed will not be subordinate to the District Medical Officer but will be directly under the orders of the Divisional Sanitary Officer. The Sanitary Inspectors will be direct subordinates of the District Sanitary Officers but the local Revenue authorities i.e Municipal or Local Fund Presidents and Vice Presidents may give them instructions in ordinary routine work. In cases of urgency in connection with epidemics or other causes, the Sanitary Inspector shall abide by the orders of the local Revenue authorities subject to approval of the same by the District Sanitary Officer. The suggestions as regards Funds made in the original scheme also meet with my approval.

The summary of the proposed Sanitary Scheme will thus be:-

Scheme

Health Department.

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unent.

Sanitary Board

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ngineer
ry Member).

(4) Deputy Sanitary Commissioner
& Inspector of Vaccination
(Additional Sanitary Member
and Secretary)

(5) Sanitary Engineer
(Additional Engineering
member).

nissioner;-

Commissioner

---

urs: Office.

Vaccine Institute.

Health Officers
{ of Bangalore
Mysore and
Kolar Gold Fields }

tary Board.

C. Officer
ember)

(5) Dist. Sany. Officer
(Additional Sany. member)

(6 and 7) Two Municipal or Local Fund members.
(Non Official Members).

ry Officer

92

Inspectors

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y Staff.

Vaccinators.

Summary of ~~Interest~~ Public

Gover

Central

~~Present~~

(1) Sanitary Commissioner (President).

(2) Revenue Commissioner (Revenue Member)

(3) Chief Engine

Sanitary Co

Deputy Sanita

Divisional Sanitary Officers

Public Health Laboratory.

Sanitary C

District San

~~Present~~

(1) Deputy Commissioner. (President + Revenue Members).

(2) Divisional Sanr. Offier. (Sanitary Member and Secretary)

(3) District Engineer (Engineering Member)

(4) Dist. Me (Medical

District Sanit

Sanitar

Village Heads.

Conservan

As regards the revision of Vaccination Department which was proposed in the original scheme, Government Did not at first pass any orders. Subsequently, on Col. Smyth's No. 313 dated the 16th. October 1905 Government were pleased to sanction the system of working of the Department without revising the establishment as recommended. It is now requested that the revision of the establishment proposed may also be sanctioned as without it, it is not possible to work the system efficiently. The total additional cost of the new proposal for the organization of the Sanitation and revision of the Vaccination Department will thus be now Rs. 35,772/ and ultimately Rs. 56,292 The details are shown in the proposition statement appended. The probable cost of travelling and contingent charges will be Rs. 12000/- *in addition.*

The Officers and staff will be appointed gradually according to urgency and as suitable hands become available

I have the honor to be,

Sir,

Your most obedient Servant,

H E Drake Brockman
Major I.M.S.

Senior Surgeon and San:Commr.

Travancore Sanitary Department.
Form No. 101—100—7-10-79.

Dyno: 1732
29.8.06

Sanitary Commissioner's Office, 26
August 06

SENIOR SURGEON & SANRY. COMR.
29 AUG. 1906

My Dear Sir,

In compliance with your note of the - 17th Instant I send herewith a memo of the scheme of - the organization of the Sanitary Department of the - State as it now exists, the original organization - - having been much modified of late.

2. The Sanitary Officers do not hold any medical appointments and have nothing to do with medical treatment except in cases of epidemics etc., when they distribute medicines as Cholera bills and Quinine etc.

3. You will see from the accompanying - memo that the Sanitary Department here is not only an independent but an executive one also - in other words the Sanitary Commissioner is not a mere critic as in Madras but is a real executive officer in charge of - Vaccination, Rural sanitation etc.

4. I have given in the memo the details of the working of the Department as far as it is possible

per book Post.

Dispn: 1730
29.8.06

MEMO.

Division of the State.

For administrative purpose the whole State is divided in seven Districts each under the charge of a District Sanitary Officer an Assistant Sanitary Officer, each District in charge of a District nitary Officer containing four Revenue Taluks and each under an Assi ant Sanitary Officer three Revenue Taluks.

Function of the Department.
I. Vaccination.

For the purpose of Vaccination the State is divided into Ranges each range having a radius of 7 miles and is in charge of a Vac nator. A list is supplied to each vaccinator giving the names of all karas (Revenue units) included in his range and he is required to wor in each kara as per programme approved by his Sanitary Officer. He i expected to visit each kara twice a year. Each vaccinator is require to vaccinate a maximum of 150 cases a month. His work is revieved - monthly by the Sanitary Commissioner under the headings:---

No. vaccinated; No. of infants vaccinated; No. of children under sev years and above one year vaccinated; No. in which the results are no known; No. of successful cases in Primary vaccination; No. of succes ful cases in Re-vaccination; and action taken in the shape of fines etc., if any bad work is shown either in quality or quantity. The Sa tary officers inspect the Vaccinator's work and verify their cases i accordance with the programme approved by the Sanitary Commissioner.

There is a Government Vaccine Depot located at Triva drum for the supply of lymph to the vaccinators etc. Glycerine past is prepared. The Depot is in charge of a Superintendent of the rank of District Sanitary Officer assisted by an Assistant Superintendent and three vaccinators. The vaccine is prepared in a special machin got down from England for the purpose and supplied once or twice

week to Vaccinators on their indents. Along with each supply of va cine a slip, to note the information under the following headings is sent. They are filled up and returned by the Vaccinators. These slips serve as means of check to find out the exact cause of failur whether due to bad quality of lymph or bad work by the Vaccinators case of failures.

Glycerine Paste.

Paste No.
Date of manufacture
Date of despatch
Date of receipt.
Date of operation.

Primary Success Failure Results un
Re-vaccination Do. Do. Do.

N.B. To be used within .....days
Should not be exposed to heat, cold or light.

Rural Conservancy.

Villages having each a population of more than 2000 are brought under Rural conservancy. There are 48 such stations in the State now. Each station is in charge of a conservancy overseer. He is responsible for the vaccination of the inhabitants of the station, Rubbish and night-soil conservancy and the registration of Vital Statistics. Thus in him is found the Sanitary *nucleas* - Vaccination - Sanitation and Vitatistics. He brings to the notice of the - Magistrate of the places any encroachments on public roads etc. He i in charge of lighting public streets. He is under the orders of the Sanitary Officer.

When epidemics of Cholera, Small-pox etc., break ou in any place it is the duty of the Village head to send intimation of the occurrences to the Sanitary Commissioner and to Sanitary Officer of the District. On receipt of such intimations the Sanitary Officer proceeds to the spot and makes necessary arrangements to prevent its spread. If any special medical staff is found necessary requisitior

for

for them are made by the Sanitary Commissioner to the Government. Medical men deputed to special duties are under the orders of the S. tary Commissioner. In cases of Conservancy Stations and Municipalities the Conservancy Overseers in the former and the Sanitary Inspectors in the latter, send intimations of the outbreak to the Sanitary Commissioner.

5 Fair and Festivals.

For Fairs and Festivals in which large concours of pilgrims is expected special sanitary arrangements for supplying pure drinking water and proper removal of rubbish and night-soil are made by the Sanitary Officer of the District in which such festivals take place. Fixed amounts for meeting the expenditure for each festival are allotted for each District.

Vital Statistics.

In Rural areas the collection and registration o Vital Statistics are done by the Revenue Authorities. In Conservanc stations the Conservancy Overseers is responsible and in Municipalities in the Municipal Council are responsible.

The Officers entrusted with these duties send monthly to the Sanitary Commissioner the returns of Births and Death They are tabulated and reviewed every month by the Sanitary Commissioner. The attention of the Municipalities and Revenue Authorities are drawn when any defect is noticed. The returns are filed in this office and when death certificates are required by parties they are supplied.

1. Sanitary Commissioner.

Pay:-- Rs. 400--Rs. 500.

Qualification:-- A graduate in medicine and surgery of app merit and administrative capacity.

Duties:-- He is the adviser to Government on all matters of

Public health and inspects the works of Sanitary Officers, Vaccinators and Conservancy Overseers. He makes sanitary inspection of a. Municipalities and submits his notes to Government for their orders

District Sanitary Officers.

2. Sanitary Officers. Of them there are two classes one designe as District Sanitary Officer and the other as Assistant Sanitary Officer. There are four District Sanitary officers, three in charge of the Districts and one in charge of the Vaccine Depot.

Pay:-- Rs. 85--Rs. 150.

Qualification:-- L. M. & S.

Duties:-- They supervise the work of Conservancy Overseers an Vaccinators in their Districts; make sanitary arrangements for fair. and festivals occurring in their Districts and when epidemics break out they supervise the Sanitary arrangements taken to check their - spread. They are required to verify at least 30 p.c. of vaccinatio cases. They conduct vaccination in markets and fairs.

Assistant Sanitary Officers.

There are five of them - four in charge of Dis--- tricts and one in charge of the Office of the Sanitary Commissioner.

Pay:-- Rs. 35--Rs. 75.

Qualification:-- Hospital Assistants or Certificated Sanitary Inspectors.

Duties:-- Same as District Sanitary Officers.

Vaccinators.

There are 80 of them including the Assistant Su-- perintendent, Vaccine Depot, 54 in charge of Ranges, 7 as clerks to the Sanitary Officers, 5 for the Vaccine Depot, 7 Reserves and 6 Female Vaccinators.

Pay:-- Head Vaccinator Rs. 30; Assistant Superintendent Rs. 1st Class Rs. 20; 2nd Class Rs. 15; 3rd Class Rs. 12 ; 4th Class - Rs. 10 and 5th Class Rs. 7.

Qualification:-- The Assistant Superintendent should be a Ce tificated

Inspector
Certificated Sanitary with Vaccination Certificate of Madras or Ba
galore; other vaccinators should know to read and write the Stat
languags - Malayalam.

Duties:-- Each Station Vaccinator should vaccinate 150 cases
month - to report any epidemic that might come to their notice -
sit all schools in their range twice a year and conduct vaccinati
among the pupils thereof. They should visit each kara twice a ye
Their work is regulated by programme approved by the Sanitary Of-
ficer and their work is reviewed monthly by the Sanitary Commissi

Conservancy Overseers.

There are 42 Conservancy Overseers.

Pay:-- 1" Grade Rs. 15; 2" Grade Rs. 12; 3" Grade -
Rs. 10; 4" Grade Rs. 8 and 5" Grade Rs. 7

Qualification:-- Two are Certificated Sanitary In
pectors and one has passed the Madras Government Elementary Exami
tion in Hygiene and others are Trained Vaccinators and know to r
and write - Malayalam. It is in contemplation to recruit the staff
by persons who have passed the Elementary examination in Hygiene as
vacancies occur.

Duties:-- They should vaccinate people living with
those ~~towns~~ stations - the minimum number being at the rate of 10 for every
1000 population. They should visit the schools in their stations -
once in a month and conduct vaccination among the pupils there. They
are in charge of rubbish and night-soil conservancy and lighting -
public streets. They should maintain the Village Sanitary Record
copy of which is sent herewith. They should report once a week -
about the encroachments to the Magistrate of the Station. They shou
report any epidemics in their stations to the Sanitary Commissioner
through their Sanitary Officer. They should collect and register
Vital Statistics in their stations.

The whole cost of the Department including the pay of sweepers and scavengers is Rs. 65,000 per year.

Sanitary Commissioner,

Travancore.

Tpd. 23/8.

Enclosure to memo
forwarded
vide D.O. dated 23-8-06
Re: Sanitary Department.

VILLAGE SANITARY RECORD.

വില്ലെജ് ശുചീകരണ റിക്കാഡ്.

This record should be kept at the office of the Conservancy Overseer of the Village and shall be produced by the Conservancy Overseer before the Sanitary Officer, Sanitary Commissioner and other Officers specially appointed by the Government on their visits to the Village.

ഈ പുസ്തകം എല്ലാ കൺസർവൻസി ഓവർസ്യന്മാരുടെയും ആപ്പീസുകളിൽ വെക്കപ്പെടെണ്ടതും, സാനിട്ടെരി ആപ്പീസ്സരൊ സാനിട്ടെരി കമ്മിഷണരൊ വെറെ ഗവർമ്മെൻറിൽ നിന്നും പരിശോധനക്കായി വിശെഷാൽ നിയമിക്കപ്പെട്ടന്ന ഉദ്യൊഗസ്ഥനൊ സ്ഥലം നൊക്കുന്നതായി വരുന്ന സമയങ്ങളിൽ എല്ലാം ഓവർസ്യന്മാരാൽ കാണിക്കപ്പെടെണ്ടതും ആകുന്നു.

2. All the entries in the record shall be made in the first instance by the Sanitary Officer and subsequently by the Conservancy Overseer.

ഈ പുസ്തകങ്ങളിലുള്ള കാളങ്ങളിൽ ചെക്കാവുള്ള സംഗതികൾ എല്ലാം ആദ്യമായി സാനിട്ടെറി ആപ്പീസ്സർമാരാൽ എഴുതപ്പെടെണ്ടതും പിന്നീട് ഓവർസ്യന്മാർ ആ രീതിയിൽ എഴുതിക്കൊള്ളെണ്ടതും ആകുന്നു.

3. In taking the sub soil water level from a well the measurement shall be taken from the ground level (not the top of the parapet wall) to the surface of the water in the well. An iron rod or a rope and float may be used for this purpose.

ഒരു കിണറിനകത്തുള്ള വെള്ളത്തിന്റെ സമ നിരപ്പു അളന്നു തിട്ടപ്പെടുത്തുന്നതു കിണറു കിടക്കുന്നതായ തറയുടെ സമ നിരപ്പിൽ നിന്നും കിണറിനകത്തു നിശ്ചലിക്കുന്ന ജലത്തിന്റെ മുകൾ ഭാഗം വരെ വെണ്ടതാകുന്നു. അതല്ലാതെ കിണറിനെ ചുറ്റിയിരിക്കുന്നതായ മതിലിന്റെ മുകൾ ഭാഗത്തുള്ള നിരപ്പു മുതൽ വെള്ളം കിടക്കുന്നതു വരെ അല്ല. ഇതു ഒരു ഇരുമ്പു കമ്പി കൊണ്ടൊ വെള്ളത്തിനിതെ പൊങ്ങിക്കിടക്കാവുന്നതായ ഏതെങ്കിലും സാധനം കെട്ടപ്പെട്ട ഒരു കയറു കൊണ്ടൊ നിർണ്ണയപ്പെടുത്താവുന്നതാണ്.

Name of village:— Taluk and District in which situated. വില്ലേജിന്റെയും അതു കിടക്കുന്നതായ താലൂക്കിന്റെയും ഡിസ്ട്രിക്ടിന്റെയും പേരു.
Position with regards to main roads, railway, pilgrim routes etc., രാജവീഥി തിരണ്ടിപ്പാദ ക്ഷേത്രങ്ങൾക്കുള്ള വഴികൾ മുതലായവകളുടെ കിടപ്പു.
Conformation of site and locality. സ്ഥലത്തിന്റെ സ്വഭാവത്തെ തീർച്ചപ്പെടുത്തുന്നതു.
Character of the soil and its tendency to retain moisture or otherwise, state of natural drainage. മണ്ണിന്റെ സ്വഭാവവും അതു നനവിനെ വഹിക്കത്തക്കതോ വേറെ വിധത്തിലോ എന്നും വെള്ളം ഒലിപ്പിന്റെ സ്വാഭാവികസ്ഥിതിയും.
Is there any attempet at artificial drainage. വെള്ളം ഒലിപ്പിനെ സംബന്ധിച്ചു വല്ലതുകിലും ഏർപ്പാടുകൾ ചെയ്തിട്ടുണ്ടോ

	Area of the village, its limits and the total length of roads, streets and lanes in it. വില്ലേജിന്റെ ഉള്ളളവും അതിയകത്ത് അതിലുള്ള റൊഡുകളും തെരുവുകളും ഇടവഴികളും ഇവകളുടെ ആകപ്പാടെയുള്ള നെടുവ്യവും.
	Number of houses, inhabited and uninhabited; their construction, arrangement in groups or streets. വീടുകളുടെ സംഖ്യയും അവ കുടിപാർപ്പുള്ളവയൊ ഇല്ലാത്തവയൊ എന്നും അവയുടെ നിർമ്മാണവും അവ ഒററക്കുടികളൊ തെരുവുകളൊ എന്നും.
	Site crowding. Are the dwellings generally crowded or otherwise? കുടിപാർപ്പിന്റെ സ്ഥിതി വീടുകൾ സാധാരണമായി തിങ്ങിക്കിടക്കുന്നവൊ ഇല്ലയൊ എന്നും.
	Population according to the last census if available, if not a rough calculation. Number of of males, Nubmer of females, Principal castes, trades and occupation of the inhabitants. കഴിഞ്ഞ സെൻസസ്സിലുള്ള ജനസംഖ്യ ആല്ലെങ്കിൽ കുടിപാർക്കുന്ന പുരുഷന്മാരുടെയും സ്ത്രീകളുടെയും ഉദ്ദേശസംഖ്യയും മുഖ്യജാതികളും, അവരുടെ തൊഴിലുകളും കച്ചവടങ്ങളുമായതും

Water supply; if from wells,						
	Number	Name and situation.	Size.	Nature of protection.	Conserved for any special purpose.	Conserved for any special caste.
abundance.						

Water supply ; if from wells (Contd.) ജലം ലഭിക്കുന്ന മാർഗ്ഗം കിണറുകളിൽ നിന്നാണെങ്കിൽ അവയുടെ			Water supply ; if from tanks. വെള്ളം എടുക്കുന്നതു കുളങ്ങളിൽ നിന്നാണെങ്കിൽ അവയുടെ				
Whether periodically cleaned if so, give dates or dates of such cleaning. വർഷംതോറും ക്രമപ്രകാരമുള്ള ഇറക്കുപണിയുണ്ടോ ഇല്ലയോ എങ്കിൽ ഏതൊക്കെ കാലങ്ങളിൽ	Water level in Summer and rainy months. വെയിൽകാലത്തിലും വർഷകാലത്തിലും വെള്ളത്തിന്റെ നിരപ്പു	Number. സംഖ്യ	Name and situation. പേരും, അവ കിടക്കുന്ന സ്ഥലവും	Size. അളവു	Nature of protection. സൂക്ഷിക്കപ്പെട്ടിട്ടുള്ള സമ്പ്രദായം	Whether conserved for any special purpose. ഏതെങ്കിലും പ്രത്യേകാവശ്യത്തിനു വേണ്ടി സൂക്ഷിച്ചിട്ടുണ്ടോ എന്നതു	

Water supply ; if from tanks. വെള്ളം എടുക്കുന്നതു കുളങ്ങളിൽ നിന്നാണെങ്കിൽ അവയുടെ					Water supply ; if from wells (Contd.) ജലം ലഭിക്കുന്ന മറ്റും കിണറുകളിൽ നിന്നാണെങ്കിൽ അവയുടെ		
Whether conserved for any special purpose. ഏതെങ്കിലും പ്രത്യേക ആവശ്യത്തിലേക്കായി സൂക്ഷിച്ചിട്ടുണ്ടോ എന്നതു	Nature of protection. സൂക്ഷിക്കപ്പെട്ടിട്ടുള്ള സ്ഥിതി	Size. അളവു	Name and situation. പേരു, അവ കിടക്കുന്ന സ്ഥലവും	Number. സംഖ്യ	Water level in Summer and rainy months. വേനൽക്കാലത്തിലെ വർഷാകാലത്തിലും വെള്ളത്തിന്റെ സമനിരപ്പു	Whether periodically cleaned if so, give dates or dates of such cleaning. വർഷത്തൊറും ക്രിയകൾ ചെയ്യുന്നുണ്ടോ ഇല്ലെങ്കിൽ ഏതൊക്കെ കാലങ്ങളിൽ

Water supply if from Tank (contd.) ടാങ്ക് എന്നതിൽ നിന്നുള്ള കുടിവെള്ള സൗകര്യമാണെങ്കിൽ	Water supply if from rivers and streams കുടിവെള്ളം ആറ്റിൽ നിന്നോ തോട്ടിൽ നിന്നോ ആണെങ്കിൽ
Whether reserved for any special caste. ഏതെങ്കിലും പ്രത്യേക ജാതി ക്കാർക്കുള്ള താണോ എന്നത്	
Whether periodically cleaned it so give date of each cleaning. ഇടവിട്ടുകാലങ്ങളിൽ വൃത്തിയാക്കുന്നു ണ്ടെങ്കിൽ അതിനുള്ള കാലത്തെ പറ്റിയത്	
Number നമ്പർ	
Name and situation പേരും കിടപ്പും	
Number and name of months it flows. അവ ഒഴുകുന്ന മാസങ്ങളുടെ പേരുകൾ	
Whether it is conserved for any portion of its length. അവയിൽ വെള്ളം കുറെ ദൂരം വരെയെങ്കിലും നിറുത്തുന്നുണ്ടോ എന്നത്	

Water supply, if from rivers and streams, (contd.) ജലം ലഭിക്കാവുന്ന പുഴ നദികളിലെ ഉറവകളിലൊ നിന്നാണെങ്കിൽ അവയുടെ		Rubbish. Conservancy- ചവറ മാറ്റിക്കളഞ്ഞതിനുള്ള കൺസർവൻസി ഏർപ്പാട്		
Number of Burial and Cremation ghats situated on its banks and their situation. അവയുടെ തീരങ്ങളിലുള്ള ശ്മശാനഘട്ടങ്ങളുടെ കിടപ്പും അതിന്റെ സംഖ്യയും	Whether any drains fall into it, if so, how many and where, in relation to the village to which it supplies water. ഏതെങ്കിലും ഓടകൾ ഇതിലേക്ക് വീഴുന്നുണ്ടോ ഇല്ലയോ എന്നും ഉണ്ടെങ്കിൽ അതുമുഖേന വെള്ളം ഉപയോഗിക്കുന്ന ഗ്രാമങ്ങളിൽ അവ വീഴുന്നതിന്റെ സ്ഥിതിവിവരവും	The length of miles of, roads streets and lanes conserved. ചവറുകൾ മാറ്റുക തുടങ്ങിയതിനായി ഏർപ്പെടുത്തിയ തെരുവുകളുടെയും ഊടുവഴികളുടെയും പൊക്കം	Number of Dust-bins provided. ചവറു ഇടുന്നതിനായി വച്ചിട്ടുള്ള തകര തൊട്ടികളുടെ സംഖ്യ	Number of sweepers employed. ജോലിക്ക് വേണ്ടുന്ന ആളുകൾ

Rubbish Conservancy (*contd.*)

Number of Rubbish Carts provided.	
Number and Situation of Rubbish Depots.	
Nature of disposal.	
The amount of Revenue derived by sale of the rubbish.	
Whether there is any demand for it for the purpose of manure.	

Night soil Conservancy

മലമൂത്രാദികളെ മാറ്റിക്കൊണ്ടുപോകുന്നതിനുള്ള കൺസർവൻസി ഏർപ്പാട്

Number and situation of Night soil Depots.	Number of night soil carts provided.	Number of Tholtis emloyed.	Number of private latrines cleaned.	Number and situation of open places reserved for the purpose.	Number of Public latrines and their situation.
രാത്രിയിൽ മലമൂത്രാദികൾ കൊണ്ടുപോകുന്നതിനുള്ള വണ്ടികൾ എണ്ണം					

Nature of disposal of the night soil.	രാത്രിമലത്തിന്റെ വിനിയോഗം ചെയ്യുന്ന രീതി
Whether there is any demand for it for the purpose of manure	വളമായി ഉപയോഗിക്കുന്നതിന് രാത്രിമലത്തിന് ആവശ്യക്കാരുണ്ടോ എന്നും
Revenue derived by the sale of the night soil.	രാത്രിമലം വിറ്റുകിട്ടുന്ന ആദായം
Are there many cattle or domestic animals kept in the village and how are they stalled or penned.	ഗ്രാമത്തിൽ വളരെ കന്നുകാലികളോ മറ്റു വീട്ടുമൃഗങ്ങളോ ഉണ്ടോ എന്നും അവയെ തൊഴുത്തിലോ മറ്റോ കെട്ടിയിടുന്നതിന്റെ രീതിയും
Is manure stored in the village in any quantity.	ഗ്രാമത്തിൽ വളം വലിയ തോതിൽ സൂക്ഷിച്ചുവയ്ക്കുന്നുണ്ടോ

	If stored outside where it is kept. വില്ലേജിനു വെളിയിൽ കൂട്ടപ്പെട്ടിരുന്നാൽ അതു എവിടെ എന്നും
	Is there any slaughter house private or public in the village and if any, the number and situation. വില്ലേജിൽ പബ്ലിക്കോ പ്രൈവറ്റോ ആയിട്ടു ഏതെങ്കിലും കശാപ്പുസ്ഥലം ഉണ്ടോ എന്നും ഉണ്ടെങ്കിൽ അവയുടെ സംഖ്യയും കിടപ്പും
	The average number of animals slaughtered each day. ദിവസം ഒന്നിനു ശരാശരി കൊല്ലപ്പെടുന്ന ജന്തുക്കളുടെ സംഖ്യ
	Notes of Epidemic among cattle. കന്നുകാലികൾക്കു ഉണ്ടാകുന്ന സാംക്രമികരോഗങ്ങളെ കുറിച്ചുള്ള വിവരങ്ങൾ
	Any religious fairs and festivals held in the village. വില്ലേജിൽ ഉത്സവാദ്യാഘോഷങ്ങളൊ അതു സംബന്ധിച്ചു ചന്തകളൊ ഉണ്ടൊ എന്നു
	If so, ~~are they~~ largely attended and by what classes of people

	If so, are they largely attended and by what classes of people and the approximate number. ഉണ്ടെങ്കിൽ അവയിൽ ജനാധിക്യമുണ്ടോ എന്നും അവരിൽ അധികവും ഏതു ജാതിക്കാർ എന്നും അവരുടെ ഉദ്ദേശ സംഖ്യ എത്ര എന്നും
	Any sanitary arrangements undertake. If so their nature. അവ സംബന്ധിച്ചു ഏതെങ്കിലും ശുചീകരണ മാർഗ്ഗങ്ങൾ ചെയ്യപ്പെട്ടുന്നുവോ എന്നും ഉണ്ടെങ്കിൽ അവയുടെ മാതിരിയും
	The number of markets and their sanitary conditions as regards compound walls, latrines, wells, etc., ചന്തകൾ എത്ര എന്നും അവയുടെ ചുറ്റുമുള്ള ചുമരുകൾ അതിലുള്ള കിണറുകൾ കക്കൂസുകൾ മുതലായവയുടെ ശുചീകരണ സ്ഥിതി എങ്ങനെ എന്നും
	The number of days in a week or month it is held, and the average attendance. ചന്തകൾ കൂടുന്ന ദിവസങ്ങൾ ആഴ്ചവട്ടത്തിലൊ മാസത്തിലൊ, എത്ര എന്നും, കൂടുന്ന ജനസംഖ്യയുടെ ഏകദേശമുള്ള തുകയും
	Any sanitary arrangements undertaken, if so their nature. ശുചീകരണ മാർഗ്ഗങ്ങൾക്കു ഏതെങ്കിലും ചെയ്യപ്പെട്ടുന്നുണ്ടെങ്കിൽ അവയുടെ സ്വഭാവം

Total number of births and deaths per year. ഒരു സംവത്സരത്തിൽ ഉണ്ടാകുന്ന ജനനമരണങ്ങളുടെ സംഖ്യ
Number and situantion of burial ground. ശവം അടക്കപ്പെടുന്ന സ്ഥലങ്ങളുടെ തുകയും അവയുടെ കിടപ്പും
Number and situation of cremation ghats. ചുടുകാടുകളുടെ തുകയും കിടപ്പും
Are any buried or cremated in private compounds witin the village limits. വില്ലേജ് അതിർനകത്തു ഏതെങ്കിലും പറമ്പുകളിലൊ പുരയിടങ്ങളിലൊ ശവങ്ങളും അടക്കം ചെയ്യപ്പെടുകയൊ ദഹിപ്പിക്കപ്പെടുകയൊ ചെയ്യുന്നുണ്ടൊ എന്നും
Nature of prevalent diseases. നടപ്പുള്ള ദീനങ്ങളുടെ സ്വഭാവം
Whether provision made for the treatment of infectious diseases. പകരുന്ന വ്യാധികളെ ചികിത്സിക്കുന്നതിലെക്ക ഏതെങ്കിലും ഏർപ്പാടുകളും ചെയ്യപ്പെട്ടിട്ടുണ്ടൊ

Number, Name and Situation of Public choultries. ഉടുപ്പുകളുടെ സംഖ്യയും അവയുടെ പേരും സ്ഥിതിയും	Notes of Epidemics among human beings. ജനങ്ങളുടെ ഇടയിൽ സാംക്രാമിക രോഗ സംഭവത്തെപ്പറ്റിയുള്ള വിവരങ്ങൾ				Number vaccinated per year under the usual headings. സാധാരണ രജിസ്റ്റർ പുസ്തകങ്ങളിൽ വിവരിച്ചിട്ടുള്ളതുപോലെ ഒരു സംവത്സരത്തിൽ വാക്സിനേഷൻ ചെയ്ത സംഖ്യ
	Cholera. വിഷൂചിക		Small-pox. വസൂരി		
	Attacks. സംഭവങ്ങൾ	Deaths. മരണങ്ങൾ	Attacks. സംഭവങ്ങൾ	Deaths. മരണങ്ങൾ	

Number and Name of Schools, Government, Aided or Private. സർക്കാരും ഗ്രാന്റും പ്രൈവറ്റും പള്ളിക്കൂടങ്ങളുടെ പ്രത്യേകം തുക.
Number of Hotels for Brahmins for Sudras and other castes. ബ്രാഹ്മണരുടെയും ഇതര ജാതികളുടെയും വകക്കുള്ള വിടുതികളുടെയും പലഹാരക്കടകളുടെയും എണ്ണം
Number of Bakeries. റൊട്ടിക്കിടങ്ങുകളുടെ എണ്ണം
Number of Hospitals or Vaidyasalas. ആശുപത്രികളുടെയും നാട്ടുവൈദ്യശാലകളുടെയും എണ്ണം
Meteorological Phenomena such as exceptional Rainfall, Floods or unusual changes of temperature should be described. അസാധാരണമായ വർഷവാതം, വെള്ളപ്പൊക്കം, ക്രമാധികമായുള്ള ശീതോഷ്ണാവസ്ഥാഭേദങ്ങൾ മുതലായവയായി കാലാവസ്ഥയെ സംബന്ധിച്ചുള്ള സംഗതികൾ
Other unusual phenomena such as Drought, Scarcity or Famine should be noted. ജലദൗർലഭ്യത, ക്ഷാമം, മുതലായ സംഗതികൾ